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Government  
Publications



M-27 1992

M-27 1992

ISSN 1180-436X

## Legislative Assembly of Ontario

First Intercession, 35th Parliament

## Official Report of Debates (Hansard)

Wednesday 12 February 1992

### Standing committee on the Legislative Assembly

Inquiry re  
Ministry of Health  
information

## Assemblée législative de l'Ontario

Première intersession, 35<sup>e</sup> législature

## Journal des débats (Hansard)

Le mercredi 12 février 1992

### Comité permanent de l'Assemblée législative

Enquête concernant  
certains renseignements  
du ministère de la Santé



Chair: Steven Offer  
Clerk: Douglas Arnott

Président : Steven Offer  
Greffier : Douglas Arnott

Published by the Legislative Assembly of Ontario  
Editor of Debates: Don Cameron



Publié par l'Assemblée législative de l'Ontario  
Éditeur des débats : Don Cameron



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# LEGISLATIVE ASSEMBLY OF ONTARIO

## STANDING COMMITTEE ON THE LEGISLATIVE ASSEMBLY

Wednesday 12 February 1992

The committee met in closed session at 1011 in room 228 and recessed at 1223.

The committee resumed in closed session at 1411 and continued in open session at 1452.

### INQUIRY RE MINISTRY OF HEALTH INFORMATION

ROBERT McBRIDE

**The Chair:** We will call this meeting to order, the afternoon session of the standing committee on the Legislative Assembly. We have before us Mr Robert McBride, who is the acting director of the provider services branch for the Ministry of Health. Welcome, Mr McBride. I understand, as an opening, that you have been sworn on oath?

**Mr McBride:** No.

**The Chair:** Okay, you are just ready to be sworn under oath. I understand to your right is Mary Fleming and to your left is S. John Page, the counsel. Before commencing with the oath, the clerk would just like to indicate, Mr McBride, that in the event that you are asked a question which you cannot properly answer without divulging confidential information, if you could please advise the committee, and if there is not a way to disclose that information without divulging such confidential information, then the matter may be addressed in camera. Having said that, if the clerk could just administer the oath, then we will have opening questioning by counsel Patricia Jackson.

Robert McBride, sworn.

**Ms Jackson:** Mr McBride, I understand, sir, that your permanent title is manager of policy development, planning and research in the provider services branch of the health insurance division, a title that you have held since July 1991?

**Mr McBride:** That is correct.

**Ms Jackson:** You are, as the Chairman has indicated, currently the acting director of the provider services branch?

**Mr McBride:** That is also correct.

**Ms Jackson:** You have held that position since November 8, 1991, when the then director went on a medical leave?

**Mr McBride:** That is right.

**Ms Jackson:** Mr McBride, you have provided to me, and I would ask the clerk to distribute to members of the committee, a copy of your curriculum vitae, please.

**The Chair:** That will be marked as exhibit 25.

**Ms Jackson:** Mr McBride, while that is being distributed, perhaps I could review with you some of the salient features that you undoubtedly remember. You have, as I understand it, sir, been with the Ministry of Health prior to

July 1991 and specifically were under contract to the ministry from the period of February 1991 to July?

**Mr McBride:** That is right.

**Ms Jackson:** In that connection, you worked in the provider services branch, assisting in the implementation of certain computer systems and such?

**Mr McBride:** That is correct.

**Ms Jackson:** Now, as manager of policy development, planning and research you assist the director in assessing the payments for providers and do things like forecast trends in billings, review the policies for repayments and generally provide management information to the provider services branch?

**Mr McBride:** That is right.

**Ms Jackson:** As acting director of the provider services branch, the position you took on in November, you are responsible for policy development, implementation, monitoring and control of all fee-for-service payments in the health insurance division?

**Mr McBride:** That is correct.

**Ms Jackson:** That includes responsibility for the analysis and investigation of individual doctors?

**Mr McBride:** Yes.

**Ms Jackson:** Let me, sir, while we are just on that point, deal with one significant but quick issue. At the time of the events in issue, in relation to the e-mail, which you know I am going to ask you about—namely, early November 1991—did you by virtue of the position you then held or otherwise have any knowledge as to whether or not Dr Donahue had ever had his billings analysed or been referred to the MRC for review?

**Mr McBride:** I had no knowledge of that until December 10.

**Ms Jackson:** Now, I am not asking you what your knowledge became, Mr McBride, when you did inquire about that. It is, as you know, confidential information which you would not, I am sure, to disclose in public. Now, we have heard a certain amount already in evidence about a process called priority briefings for ministers, and you would be familiar with that process.

**Mr McBride:** Yes.

**Ms Jackson:** We have marked already as an exhibit the guidelines that were in place for that kind of process in November 1991. Mr McBride, you might wish to have in front of you for reference those guidelines. They are contained in exhibit 6. Mr McBride, you have provided to me, and I would ask the clerk to distribute to the committee, a diagrammatic configuration of that process as it existed in November 1991. Could I ask that that be distributed and ask you to identify that? Mr Chairman, could that be the next exhibit?



**The Chair:** That would be marked as exhibit 26.

**Ms Jackson:** Could you briefly, Mr McBride, take the committee through the process, as you understood it at that time, using this chart as a guideline? I am particularly asking you to focus on the time frame within which this process unfolds.

**Mr McBride:** Okay. My understanding is that each morning there is a group that forms that is called the contentious issue unit. The executive assistants to the ADMs in the Ministry of Health attend a meeting with that group each morning at 8:30. My understanding is that there are some communications people involved in that meeting. My understanding as well is that they review the material in terms of any news article, clippings. They review whether or not there are any contentious issues that they feel need to be dealt with.

**Ms Jackson:** That is the box that is at the top of this chart?

**Mr McBride:** At the top of the chart, that is right. Once they have identified the various issues that they feel are contentious, they then have the executive assistants communicate to the program areas, which are in the next box, by 9 o'clock. The program areas have a briefing coordinator at that end and are given instructions in terms of what the issues are. They may be faxed a copy of the news article, if there is one. They are given an explanation in terms of what the issue is about. The person in that program area, the coordinator, then has to find someone within the branch to respond to the briefing. The material is put together—

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**Ms Jackson:** Stopping there for a minute, Mr McBride, when we speak of program areas, is the provider services branch such a program area?

**Mr McBride:** Yes.

**Ms Jackson:** Who is the briefing coordinator in provider services?

**Mr McBride:** I will backstep one there. In the health insurance division we have Mary Fleming, who is the programming coordinator and the executive assistant to Bob MacMillan. Mary, once she identifies a branch such as the provider services branch, would typically go through the director of the branch. The director then would assign—in our situation we had two people, myself as the manager of policy development and a backup fellow by the name of Ahsan Sadiq, who would be responsible to coordinate and ensure that whoever was going to make the response made it in an appropriate time frame.

**Ms Jackson:** In the absence of Ms Fleming what happens?

**Mr McBride:** I am not aware of any procedures as outlined in the document. My assumption, mainly because of experience I did have with the briefings, is that it would go directly to the individual or the branch they believe is responsible for preparing the actual briefing.

**Ms Jackson:** Then what happens? Let's continue this chart on the assumption that the request has come in to the

health insurance division and indeed been directed to the provider services branch. What is the next step?

**Mr McBride:** The next step is the one person identified in the branch, whether it be the manager or another person to coordinate it, would determine who the best individual is to respond to the briefing and then request that individual to put together an appropriate response in the required format that is outlined in the briefing document. The material would then be written by that individual and it would filter up through the ranks to the director, then to the briefing coordinator in Bob MacMillan's office, being Mary Fleming.

**Ms Jackson:** The director in the first instance being the director of the provider services branch.

**Mr McBride:** That is correct.

**Ms Jackson:** Then to Mary Fleming.

**Mr McBride:** Then to Mary Fleming and then to Bob MacMillan for approval at the program level. My understanding is that once they have approved that document it is then forwarded back to the executive assistants of the ADM's office, and it is supposed to be back by 10:30 that morning.

**Ms Jackson:** So under the process, as you understood it, from request to answer is an hour and a half.

**Mr McBride:** That is right.

**Ms Jackson:** Do you have any experience or understanding of procedures when information is requested other than in the context of a priority briefing?

**Mr McBride:** No. There are no guidelines I am aware of that have procedures that are for briefings of other nature.

**Ms Jackson:** As a matter of practice have you experienced such requests?

**Mr McBride:** As a matter of practice the people tend to go through—if it is to the health insurance division, it would go through Bob MacMillan/Mary Fleming to a branch like our provider services branch director and down. That process was not always followed. Sometimes they would go directly to the individual they thought had the appropriate response or could give the appropriate response.

**Ms Jackson:** And the answer would go back through what route?

**Mr McBride:** If the request came directly from an ADM to the individual specifically in the branch and the ADM requested that the information come back to him directly and as quickly as possible, that would take place.

**Ms Jackson:** So when the request is other than in a priority briefing context it is your understanding that it is up to individuals to assess how best to deal with the request and to respond to it.

**Mr McBride:** Yes. The typical policy is to take it properly through the ranks. However, there may be pressure from the ADMs to respond directly.

**Ms Jackson:** Whose decision is it whether a direct request for information and a direct response for information is appropriate?



**Mr McBride:** In my situation, which I can speak of, if the ADM requested from me a response right then and there, I would give the response.

**Ms Jackson:** So it is the decision of the ADM?

**Mr McBride:** That would be my understanding.

**Ms Jackson:** All right. Now, let me take you, Mr McBride, to the morning of November 13 when you had been acting director of the provider services branch for five days. At that point, sir, had you had any involvement in priority briefing requests to the provider services branch in your capacity as acting director?

**Mr McBride:** I do not recall any priority briefings in those five days. I cannot be 100% sure of that.

**Ms Jackson:** Was there a request for information on the morning of November 13?

**Mr McBride:** My understanding was that there was a request for information on November 13 for a priority briefing.

**Ms Jackson:** All right, let me be more specific. Did you receive a request for information on the morning of November 13?

**Mr McBride:** Yes, I did receive a request on that morning.

**Ms Jackson:** From whom?

**Mr McBride:** I received three phone calls that morning from three separate individuals, one being Diane McArthur.

**Ms Jackson:** Who is she?

**Mr McBride:** She is the executive assistant of Eugene LeBlanc's office.

**Ms Jackson:** You knew that at that time?

**Mr McBride:** Yes I did. Diane McArthur and Eugene LeBlanc's office worked closely with our branch on various issues relating to implementation of the OMA agreement.

**Ms Jackson:** You said, sir, you had three telephone calls?

**Mr McBride:** Yes.

**Ms Jackson:** Who was the other telephone call? Sorry, let me stop and say, do you remember the order in which you received these telephone calls?

**Mr McBride:** I do not recall 100% the order that I received the three calls. I believe the first call was from Diane McArthur.

**Ms Jackson:** All right. Who were the other calls from?

**Mr McBride:** I received calls from Denise Allen and Maurice Jones.

**Ms Jackson:** Who is Denise Allen?

**Mr McBride:** Denise Allen is an individual who works in the communications branch.

**Ms Jackson:** Did you know her at that time?

**Mr McBride:** I know Denise Allen simply as an individual who works in the communications branch only and, from the guidelines that I have, as one of the people on the distribution list for priority briefings.

**Ms Jackson:** When you say the guidelines that you have, you are referring, sir, are you, to the Priority Briefings, which is exhibit 6?

**Mr McBride:** That is correct.

**Ms Jackson:** You say you know that Denise Allen is on that list. You are speaking of the list at the back of the Priority Briefings entitled Briefing Coordinators' Distribution List?

**Mr McBride:** That is right.

**Ms Jackson:** What is the significance to you on the morning of November 13—what is the significance of her being on this list?

**Mr McBride:** Simply that she is a person who can be expected to be involved in the priority briefing process.

**Ms Jackson:** All right. And Maurice Jones, who is Maurice Jones?

**Mr McBride:** Maurice Jones, as far as I understand, is also a member of the communications branch.

**Ms Jackson:** Is he also on this list?

**Mr McBride:** Yes, he is.

**Ms Jackson:** All right. Are you able to recall what Diane McArthur asked you to do?

**Mr McBride:** I recall Diane McArthur asking myself, the branch, for input to be used in the preparation of priority briefing to respond to two radio broadcasts that had taken place by a physician, one one week earlier on an issue of deinsuring electrolysis and one that was about to be aired or was in the process of being aired, I cannot recall exactly, to deal with the issue of thresholds.

**Ms Jackson:** Now you said she wanted that information for a priority briefing. Are those the words she used, do you recall?

**Mr McBride:** I do not recall her actually saying "priority briefing"; I certainly recall "briefing."

**Ms Jackson:** Did you make any assumption as to what it was for?

**Mr McBride:** I made no distinction between whether it was a priority briefing or a briefing.

**Ms Jackson:** All right.

**Mr McBride:** To me a briefing is a priority briefing.

**Ms Jackson:** What did Denise Allen ask you to do?

**Mr McBride:** I do not have a good recollection. I do know that the request again implied a priority briefing, that we needed information as soon as possible to prepare a briefing. I do recall her saying that she was not going to be in the process all the way through, that Maurice Jones would complete the process, that she was assisting and he was assisting in the briefing.

**Ms Jackson:** Let me go back for a minute. With respect to Diane McArthur, did she tell you what was to be done with the information you were being asked to provide?

**Mr McBride:** She had simply asked that, once we had put the information together, to e-mail her the information.

**Ms Jackson:** Did she tell you what was going to be done with it?

**Mr McBride:** No.



**Ms Jackson:** Did she tell you what kind of information she wanted?

**Mr McBride:** Could I clarify that last point, to say what was to be done with it—other than the fact that it was to be used as input for the preparation of a briefing.

**Ms Jackson:** For whom?

**Mr McBride:** My understanding is that it was for the minister.

**Ms Jackson:** Did she tell you what kind of information she wanted?

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**Mr McBride:** The discussion—I asked her what kind of information was needed. She was vague in terms of the details of the statements made by the physician in question, because she indicated there was no transcript in her hands. Based on the fact that we were talking about electrolysis and thresholds, I suggested to her that the best thing we could do was simply to provide a profile of the physician, so that questions as to whether or not this was a threshold issue versus an electrolysis issue or an issue of a physician requesting exemption from thresholds could be answered with a profile of that physician.

**Ms Jackson:** Could be answered by the minister?

**Mr McBride:** Could be answered in terms of the input; could be answered in terms of what they wanted to put in the briefing material that could be provided for the minister.

**Ms Jackson:** Did you explain to her what you meant by the word—did you use the word “profile”?

**Mr McBride:** I believe that is the word I used.

**Ms Jackson:** Did you explain to her what you meant by the word “profile”?

**Mr McBride:** I explained to her that a profile would certainly give her an indication of whether or not a large portion of the billings related to electrolysis, would certainly give an indication of whether or not he was over the threshold limit and would give an indication of whether or not he had requested exemption or was exempt, and that by getting that information then one could either confirm what was being said or one could determine whether or not it was truly a threshold issue versus some other issue.

**Ms Jackson:** And what did she say?

**Mr McBride:** I do not recall her exact words. I do believe she said, “Okay, please send it as soon as possible,” which were the same kinds of words I got echoed, in terms of the other two, to get the information there as soon as it could be done.

**Ms Jackson:** When Denise Allen called, did you understand that was a separate request for information, or part of the first request for information, or did you know?

**Mr McBride:** I was given the impression that it was all in assistance to the preparation of the same briefing.

**Ms Jackson:** What gave you that impression?

**Mr McBride:** It was in response to the same physician concerning the same radio broadcast. I assume that it was all the same briefing request.

**Ms Jackson:** And then you said you had a telephone—was there anything else? When you spoke to Denise Allen, did she indicate what kind of information she wanted?

**Mr McBride:** She was looking for any kind of information that could be used as input. I called myself and told her what we could do was to provide a profile of the physician in order to determine what the appropriate issue was.

**Ms Jackson:** So you told her the same sort of thing you had already told Diane McArthur?

**Mr McBride:** To the best of my recollection, talking to all three, I cannot be precise, who was giving what words and what words I was coming back with, but in general all three, I believe I relayed the same thing.

**Ms Jackson:** Did Denise Allen say anything to you to indicate that she was working with Diane McArthur on this or was it just your assumption?

**Mr McBride:** I do not recall her saying anything specific about her working with Diane McArthur on this.

**Ms Jackson:** Then when Maurice Jones phoned, what did he say?

**Mr McBride:** Again, I think Maurice Jones was looking for information as soon as possible, and I asked each one of them, Maurice Jones included, “Can you give me any more details about what the transcript or what the discussion was in terms of thresholds so that I could provide you the best information possible to support a briefing?”

**Ms Jackson:** And was Maurice Jones able to tell you any more than you had already learned?

**Mr McBride:** No, basically I got the same response and that was, “We’re aware that there was a radio broadcast one week earlier dealing with the issue of electrolysis and that there was another broadcast coming up that day, or was in the process of being broadcast, concerning thresholds.”

**Ms Jackson:** All right. Did you have any further discussion with Maurice Jones about the kind of information you would provide in answer to that inquiry than you had already had with Denise Allen or Diane McArthur?

**Mr McBride:** I do not recall too much further discussion in that area.

**Ms Jackson:** What did you then do?

**Mr McBride:** Following those phone calls, or possibly in between those phone calls, I went to Bill Teatero, who at that time was working on the implementation of thresholds. I asked Bill to provide a profile of the physician in question. I believe I indicated to Bill that it had to be done as soon as possible, that it was in response to a priority briefing. I indicated to Bill that I thought it was important to answer at least the question of whether or not the physician was over threshold, whether or not there was an exemption request or whether or not the physician was exempt from threshold. I wanted to know at least what portion of the billings had to do with electrolysis. That was important to me because electrolysis was excluded from the capping totals, thus that would give an indication of



whether or not it was truly a threshold issue versus an electrolysis issue.

**Ms Jackson:** Did you give Mr Teatero any other instructions?

**Mr McBride:** I may have, and I do not recall precisely on this—Bill to go to Simon or—

**Ms Jackson:** I am sorry, I did not hear what you just said.

**Mr McBride:** I either asked Bill to initiate a request to Peter Quinn or Simon to get the detailed profile in order to provide a summary profile, or I indicated to him that I would go to those individuals to get that information.

**Ms Jackson:** Simon is Simon Kovacs?

**Mr McBride:** Yes.

**Ms Jackson:** Why would you direct him to deal with Peter Quinn or Simon Kovacs on getting the information?

**Mr McBride:** That is the area you have to go through in our unit in order to get a detailed profile of a physician. In order for Bill to provide a summary profile of the information I was asking for, one would need a detailed copy.

**Ms Jackson:** All right. Why did you go to Mr Teatero?

**Mr McBride:** Bill was, from our end, the project leader with respect to the implementation of the threshold—the OMA-Ministry of Health agreement. Bill, being the fee-for-service policy adviser, was well aware of the topic of thresholds and was also well aware of the electrolysis issues, and we were dealing with a fee-for-service physician, which was his area of responsibility.

**Ms Jackson:** He was usually responsible for policy in that area?

**Mr McBride:** That is correct.

**Ms Jackson:** But the information you were asking for was not of a policy nature?

**Mr McBride:** Most priority briefings that I have been affiliated with, we go to the person who can best respond to the priority. We have nobody who is specifically designated as an individual to respond to a priority briefing. It is the person who would have the best knowledge to make a response, and Bill was that person.

**Ms Jackson:** Who is the person in the branch who has the most experience in providing profiles and summaries of them?

**Mr McBride:** Certainly Simon Kovacs would be the person most experienced with profiles.

**Ms Jackson:** Was Dr Kovacs in the office that day?

**Mr McBride:** I do not recall.

**Ms Jackson:** Do you remember why you did not go to Dr Kovacs with this request?

**Mr McBride:** Dr Kovacs I would not go to request to put together a priority briefing. Simon would be used in terms of a medical consultant to give information as to what the billings would mean. I would rather go to and typically went to an analyst to actually do the writing of a briefing.

**Ms Jackson:** Mr McBride, could you please open exhibit 6 to page 18 under the heading "Confidentiality." Under the heading "Personal Information," there is a description of what is in essence personal information and protected under the freedom of information act. Sir, it is clear, is it not, that what you were being asked to provide about the doctor was personal information?

**Mr McBride:** Unquestionably.

**Ms Jackson:** And you know that when you do that, you have to meet the test that is set forth below the first paragraph?

**Mr McBride:** Yes.

**Ms Jackson:** Did you address on the morning of November 13 whether that test was met in order to justify passing this information on to any of the three people you had been speaking to?

**Mr McBride:** I felt I did. It was clear to me that the individuals I was dealing with were Ministry of Health employees. In my understanding, there was a need for the information in order to clarify the issue that was brought forward.

**Mr Kormos:** Sorry, I did not hear. "My understanding is that there was a—"

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**Ms Jackson:** Could you repeat it, Mr McBride?

**Mr McBride:** Sorry, okay. The three calls I received, Maurice Jones, Denise Allen and Diane McArthur, to me were all Ministry of Health employees, which was one of the conditions in terms of disclosure of information within a ministry.

The other issue is this needed information to carry out the duties that they have to carry out I thought was needed. I recognize that these were people as part of a party briefing process, and my understanding was that this kind of information could be made available.

**Ms Jackson:** So in terms of the second part of the test, that the people be performing a proper function within the ministry, I think I hear from you that you understand that was a proper function because each of those three people was part of the priority briefing process. Is that right?

**Mr McBride:** That is what I certainly believe.

**Ms Jackson:** And that is why you thought the test was met?

**Mr McBride:** Yes.

**Ms Jackson:** Was there any question in your mind about that, sir?

**Mr McBride:** No question, no.

**Ms Jackson:** Now, you have given the request to Mr Teatero. Do you remember—I am sorry, one thing I regret I have not asked you, do you remember when the telephone calls came in?

**Mr McBride:** I do not remember the exact times. I just know that it was that morning and I can only confirm to you that it was prior to the 11:41 e-mail that went out.

**Ms Jackson:** Can you be any more specific, sir, about the timing?



**Mr McBride:** I am afraid I cannot. I would say close to 9 o'clock would have been about the right time.

**Ms Jackson:** And within what period of time, did the three telephone calls reach you?

**Mr McBride:** I recall them being rather close, within a matter of minutes apart. When I say "minutes apart," I would say all within a half-hour at least.

**Ms Jackson:** After you had given the directions that you indicated you did to Mr Teatero, what happened next?

**Mr McBride:** At one point, and again, I could not tell you the time, Bill came to me with a copy of the memo to review the material. At that point in time we were addressing various other issues within the branch. I felt pressure to sit down and quickly go through the memo to get it back to the sources that had requested the information. I took a quick glance at the memo. I asked myself whether or not it addressed the questions that I thought I had asked Bill to be able to respond to. I felt that those questions were answered and then I asked Bill to send the e-mail to Denise Allen, Maurice Jones and Diane McArthur.

**Ms Jackson:** Mr McBride, there has been reference in these proceedings to an e-mail that Mr Teatero in fact sent to Diane McArthur at 11:41 that morning. You have had an opportunity to review that e-mail, sir?

**Mr McBride:** That is correct.

**Ms Jackson:** And is the e-mail that Mr Teatero brought to you that morning the same as the one he sent at 11:41?

**Mr McBride:** I believe so.

**Ms Jackson:** So there were no changes made as a result of your review?

**Mr McBride:** I could not confirm that, but I believe not.

**Ms Jackson:** And after you reviewed it, what did you tell Mr Teatero to do?

**Mr McBride:** I asked Bill to send the e-mail as quickly as possible to Diane McArthur, Denise Allen and Maurice Jones.

**Ms Jackson:** Do you recall any discussion as to whether it was appropriate to send the e-mail to all those three people?

**Mr McBride:** Not at that point in time.

**Ms Jackson:** Was there any discussion as to whether it was appropriate to send the e-mail out without a review by Dr MacMillan or his executive assistant or anyone else?

**Mr McBride:** I do not recall any questioning of that.

**Ms Jackson:** You told us, in the context of the priority briefing procedure, that before a response went back it would ordinarily go through Ms Fleming and Dr MacMillan.

**Mr McBride:** Yes, it would.

**Ms Jackson:** Why then did you not endeavour to respond through either of them?

**Mr McBride:** On that particular day Bob MacMillan was in Toronto attending a joint management committee, and Mary Fleming was not present at that time.

**Ms Jackson:** Did you consider whether it was appropriate to attempt to locate them and get their approval before sending it?

**Mr McBride:** No, I did not. I felt there was a pressure to get the response back as soon as possible, and in this particular situation, at least in my eyes, the briefing coordinator was Diane McArthur, who was the executive assistant to Eugene.

**Ms Jackson:** You say there was a pressure to get the answer back as quickly as possible. What was the pressure?

**Mr McBride:** The pressure was the knowledge of the priority briefing process in terms of the timing to get a response back, knowing that typically you had to have it back by 10:30. We certainly were not on target from 10:30; at that point in time it was later than 10:30. Also, it was my understanding that we were simply supplying input for the preparation of the priority briefing, which meant that the party at the other end would actually have to write the briefing note, which would mean additional time would be required. So I felt it was important to get the information in the hands of certainly Diane McArthur and the other two as quickly as possible.

**Ms Jackson:** Was there any other pressure?

**Mr McBride:** Other pressures in terms of operational functions that were taking place in the branch to react to those, outside of that briefing.

**Ms Jackson:** Was there any other pressure?

**Mr McBride:** There was no other pressure from other individuals to get that information out to those three.

**Ms Jackson:** When Mr Teatero brought the e-mail to you to review, that was a hard copy?

**Mr McBride:** Yes.

**Ms Jackson:** Did he leave a hard copy with you?

**Mr McBride:** I believe he took the hard copy back with him.

**Ms Jackson:** What then next happened in this process, after you gave Mr Teatero the instructions you said you did to send it to Ms Allen, Mr Jones and Ms McArthur?

**Mr McBride:** A certain amount of time had passed by. I was back on to the computer system checking my e-mail system and had not seen a copy of the e-mail, which I expected to get a copy of. I was concerned the e-mail had not gone out and I went back to Bill and said, "Did you get the e-mail sent out?" Bill said he had sent it out and I said I did not get a copy. He went to the e-mail to check to see whether or not I was copied and it was only copied to Diane McArthur and not to myself. I asked Bill to send me a copy and to make sure that Maurice Jones and Denise Allen got a copy because I had indicated I would send that information out as quickly as possible.

**Ms Jackson:** Do you recall when you had that conversation with Mr Teatero?

**Mr McBride:** I believe that was somewhere in the time frame of just after lunch.

**Ms Jackson:** Between your first conversation with Mr Teatero, in which you gave him instructions to send the



e-mail, and your second conversation where you reiterated those instructions, had you had any further contact from anyone in Toronto?

**Mr McBride:** No, I had no contact at all with anyone.

**Ms Jackson:** What next happened?

**Mr McBride:** I continued with the normal day activity of everything else that was taking place. In the latter part of the day, I checked my e-mail and found that the copy had been sent out and after that, as far as I was concerned, the situation was closed.

**Ms Jackson:** Mr McBride, there has been reference in these proceedings to an e-mail that was sent at 2:48 from Mr Teatero to Mr Jones and Ms Allen, copied to yourself, which forwarded the earlier e-mail of 11:41. Is that the e-mail that appeared on your machine later on November 13?

**Mr McBride:** Yes. Two of them would have been there and I read both of them at that time.

**Ms Jackson:** Now, Mr McBride, in the meantime, at 2:20, a short supplementary e-mail to the 11:41 e-mail was sent from Mr Teatero to Ms McArthur and apparently copied to you. Did you receive a copy of that?

**Mr McBride:** Yes, I did.

**Ms Jackson:** Did you discuss that with Mr Teatero?

**Mr McBride:** No, I did not.

**Ms Jackson:** Did you know in advance of his sending it that he planned to send the supplementary e-mail?

**Mr McBride:** No, I did not.

**Ms Jackson:** Did anything further happen with respect to the e-mail or its contents on that day?

**Mr McBride:** I do not recall anything else happening on that.

1530

**Ms Jackson:** Did anything happen with respect to the e-mail or its contents on November 14?

**Mr McBride:** I got a phone call on November 14, in the morning, from Bob MacMillan. Bob had given me a call and had indicated he saw a copy of the e-mail that was sent out from our unit. Bob first of all had indicated to me that he felt the memo was too detailed in nature. He cautioned me about sending out information with that level of detail. He indicated that he had a lot of experience in the ministry and that it was too sensitive to go out. He told me that he had collected, or he had attempted to ensure that he collected, all the copies that he found down in Toronto. My understanding was that he was in Eugene LeBlanc's office at that time.

He asked me who were all the parties who would have received a copy of that e-mail. I checked the e-mail to determine who everyone was who was copied from our end, going out from Bill Teatero, and had indicated to him that the only people that I was aware of who had gotten a copy through the e-mail transmission were Denise Allen, Maurice Jones, Diane McArthur and myself. Bob said to make sure that no one else got a copy. That was the end of the discussion concerning that e-mail that day.

**Ms Jackson:** Did he, in that conversation—you say that he said he collected all the copies in Toronto. Did he tell you who had received copies in Toronto?

**Mr McBride:** No, he did not, other than the people he collected from whom I had mentioned.

**Ms Jackson:** Were you asked to erase your e-mail?

**Mr McBride:** No, I was not asked to erase it.

**Ms Jackson:** Were you asked to ask those who had received the e-mail to erase it?

**Mr McBride:** I do not believe so.

**Ms Jackson:** Were you asked to collect the e-mails?

**Mr McBride:** From the Kingston end, you are referring to?

**Ms Jackson:** Yes.

**Mr McBride:** I do not recall his saying, "Collect the e-mail." I just recall his saying that—I am telling him that myself and Bill had a copy and he requested us not to send out copies to anybody else.

**Ms Jackson:** Now you earlier said that he said to make sure that no one else got a copy. Did you take steps to determine that no one else got a copy?

**Mr McBride:** I took steps simply to look at the e-mails to see who got a copy, and in terms of whether or not anybody else got a copy, it was simply a case of indicating to Bill not to send out any further copies to anyone.

**Ms Jackson:** That is all you did towards that end?

**Mr McBride:** Yes.

**Ms Jackson:** Now I will caution you on this, Mr McBride, that the committee and the public hearing are aware of the timing of the e-mail, the fact that it was sent, who it was sent to, that it concerned Dr Donahue, that it relates to his financial information and had comments on that and that there is a copy of it with a note from Mr Quinn to Dr Kovacs and that is all that is, at this point, legitimately in the public record. With that in mind, sir, can I ask you if you subsequently have become aware of how Mr Quinn or Dr—when Mr Quinn and Dr Kovacs became aware of the e-mail?

**Mr McBride:** I have not become aware of how they had a copy of that e-mail. If I had, it would not seem unusual to me that it would be in their hands either, since they are the source of profile information to start with. But I do not recall how they would have gotten that.

**Ms Jackson:** All right. What happened next with respect to the e-mail or its contents?

**Mr McBride:** After the morning of the 14th, in discussions with Bob MacMillan, no further discussions that I am aware of took place on the e-mail until December 10. On December 10, Bob MacMillan had requested that I come to his office. There were to be some phone calls with respect to reporters asking questions.

Bob had myself there, I believe Laurel Montrose, and I am not too sure if anybody else attended that particular meeting at the time that a phone call was made from the Toronto newspaper, and I believe it was the Toronto Sun. Bob took the phone call and after the phone call had indicated to us that he had talked to a reporter who seemed to



have an understanding, one, that the memo existed and seemed to have some sort of understanding of the content of the memo. In that context, Bob had also asked myself to—myself or he went directly to Bill or somebody to request we get a copy of the e-mail to take a close look at it to try to determine whether or not the reporter actually had a copy of it or had a good verbal account of it, as well as for ourselves to get some sense of feeling in a detailed level what was in the e-mail that could potentially be in someone else's hands.

**Ms Jackson:** Mr McBride, were you called in—it was not clear to me from your answer whether you were called in as a result of the telephone call or before the telephone call or to participate in the telephone call.

**Mr McBride:** I do not accurately recall. I am constantly going into Bob MacMillan's office for a number of issues, so I do not know whether or not we were dealing with one issue and then the call came in or whether specifically the issue was to be there when the call came in.

**Ms Jackson:** But you were there when the call came in?

**Mr McBride:** I was there when the call came in.

**Ms Jackson:** What do you remember of what Dr MacMillan said while he was on the telephone?

**Mr McBride:** All I can remember is Bob acknowledging at one point in the conversation that the ministry did indeed have a memo that was prepared. I recall Bob saying that he felt there was no impropriety as a result of that memo being used to support a priority briefing, that he felt there was nothing legal—illegal about it.

**Ms Jackson:** These are all things he said on the phone?

**Mr McBride:** Yes.

**Ms Jackson:** Anything else?

**Mr McBride:** I do not recall too much—any other parts of the conversation.

**Ms Jackson:** Now, when you said he said that the ministry had a memo, is that your best recollection of the words he used or your best recollection of the subject he covered?

**Mr McBride:** Best recollection of the subject he covered.

**Ms Jackson:** What is your best recollection of what he actually said?

**Mr McBride:** My best recollection is that we issued a memo in support of a priority briefing to the minister.

**Ms Jackson:** Was there any discussion that you heard of the details of that memo?

**Mr McBride:** Sorry?

**Ms Jackson:** Did he say anything about the details of what was in that memo?

**Mr McBride:** No. Bob did not disclose any details of what was in that memo, definitely not when he was on the phone, and after the phone conversation he relayed back what the reporter had indicated was in the memo.

**Ms Jackson:** Did the reporter mention specific dollar numbers in connection with Dr Donahue's billings?

**Mr McBride:** I do not recall whether or not a specific number was mentioned. I recall Bob saying that the reporter was aware that a memo had been sent from Kingston to Toronto, that the reporter had indicated to Bob that he excitedly went around collecting the memo. That is about all I recall.

1540

**Ms Jackson:** Do you recall whether Dr MacMillan reported that the reporter had known the name of the physician who was the subject of the memo?

**Mr McBride:** I think I vaguely recall that, yes.

**Ms Jackson:** She did?

**Mr McBride:** I was not aware it was a she.

**Ms Jackson:** All right. The reporter did know—he reported that the reporter did know the name?

**Mr McBride:** I believe so, to the best of my recollection on that.

**Ms Jackson:** Did he say whether the reporter knew the specifics of any of the comments in the memo?

**Mr McBride:** The only specific I recall, outside of generalities of the memo, was the fact that the reporter had indicated the memo was sent on November 14 rather than November 13, which led us to believe the reporter did not necessarily have the memo in his hands, because the memo from our area was sent on the 13th. So our best feeling was that he probably had a good verbal account of what it contained.

**Ms Jackson:** Was that a conclusion you came to as soon as the telephone conversation was over, or after you had obtained, as you say you did, copies of the e-mail?

**Mr McBride:** After we got copies of the e-mail.

**Ms Jackson:** Was that the end then of that discussion of the e-mail?

**Mr McBride:** That was the end of the discussion as far as I recall it. There were other parties that got involved in the discussion of the e-mail at that time.

**Ms Jackson:** While you were there?

**Mr McBride:** While I was there for a brief period, yes.

**Ms Jackson:** Who?

**Mr McBride:** I believe Mary Fleming was there and I believe Pat Malcolmson at some point was there.

**Ms Jackson:** Was that a discussion of the specific contents of the e-mail?

**Mr McBride:** I honestly do not recall.

**Ms Jackson:** Do you recall anything other than the specific contents of the e-mail being discussed?

**Mr McBride:** No I do not. I cannot—let me backtrack. I can recall at least the fact that the discussion was that the reporter had called and that he appeared to have knowledge of the content of the memo being discussed. That is about all I recall on that.



**Ms Jackson:** Apart from the conversations you have already—sorry, then what happened next with respect to the e-mail and its contents?

**Mr McBride:** I do not recall anything further that day. The following day, which would have been December 11, Bob had indicated that he was requested to go down and see the deputy minister to relay information concerning what took place in the development of the memo and who it was sent out to and everything that took place in Kingston on November 13. Bob asked me to put together what I thought took place and I prepared for him my recollection of what took place on November 13.

**Ms Jackson:** Mr McBride, I am going to ask the clerk to put in front of you four pages of notes and distribute those to the committee members. I will ask you to direct your attention to the last two pages of that bundle.

**The Chair:** They will be marked as exhibit 27.

**Mr McBride:** I have a copy in front of me.

**Ms Jackson:** The notes—can you turn to the last two pages of that exhibit 27, Mr McBride. That second last page starts with a heading, “Chronological Events Prior to November 13th.”

**Mr McBride:** Yes.

**Ms Jackson:** Did you prepare those notes?

**Mr McBride:** I prepared the content of the first page and I believe Bob MacMillan prepared the content of the second page.

**Ms Jackson:** So that page that is headed “Chronological Events” was prepared by you on December 11.

**Mr McBride:** That is right. They were prepared by me and I gave them to Bob. Bob had indicated he would review that page and then add his notes in terms of what happened from the 14th and onward.

**Ms Jackson:** Then what happened next with respect to the e-mail or its contents?

**Mr McBride:** After that, Bob took the information I provided and went to the deputy minister. The next thing that I was informed of, anything in relation to this, was on December 11 a request came from the freedom of information office from Andrew Parr, who had indicated on behalf of the deputy minister requesting all individuals who had the e-mail itself on electronic file to make sure that none of those things were deleted, to change our passwords to ensure that nobody else might have known your password and gotten on the system, and gave us some instructions in terms of not to touch anything that had been prepared.

**Ms Jackson:** Did you change the password on your e-mail?

**Mr McBride:** Yes, I did.

**Ms Jackson:** It was still on your system, was it?

**Mr McBride:** Yes.

**Ms Jackson:** Did you at that time have any hard copies of the e-mail?

**Mr McBride:** Yes, I did.

**Ms Jackson:** Was that as a result of your meeting in Dr MacMillan's office or was it otherwise, the meeting that you mentioned you had on December 10?

**Mr McBride:** I would not be able to recall what specific copy I had. I always kept in a personal file at least one copy up to that point. Any additional copies I would have would have gone into the shredding machine.

**Ms Jackson:** What did you do with the one hard copy you still had?

**Mr McBride:** The memo from the freedom of information office had requested that the information be put in a confidential envelope with my name on it and sent to—to be sent, I believe, back to the freedom of information office. I followed whatever the instructions—

**Ms Jackson:** The direction from the privacy commissioner has been marked as exhibit 20. Mr McBride, perhaps you would like to refresh your recollection as to what you were asked to do.

**Mr McBride:** What I ended up doing was I put the copies in the confidential envelope and took it to Mary Fleming and a sealed envelope to Bob MacMillan. I gave it directly to, actually, Mary Fleming, the envelope.

**Ms Jackson:** What happened next with respect to the e-mail or its contents that involved you?

**Mr McBride:** After that nothing else was touched in terms of that e-mail, nothing else that I can recall that had any involvement with respect to it.

**Ms Jackson:** The first two pages of exhibit 27 are entitled “Briefing Request, Chronological Events, R. J. McBride,” and there is a note in the upper right-hand corner, “Prepared December 18, 1991.” Are those your notes?

**Mr McBride:** Yes, they are. Following the briefing that Bob had with respect to the deputy minister, the request for a legislative committee, an investigation, I understand was requested. Bob sent an e-mail to individuals that were part of the process, indicated that in his experience it was a good idea for us to, at this point in time, relay to the best of our recollection the events that took place in preparation for an investigation that may take place months later. At that time I prepared the two pages that you see in the exhibit there.

**Ms Jackson:** Apart from the conversations you have described, Mr McBride, have you ever spoken to anyone inside the ministry concerning the e-mail or its contents?

**Mr McBride:** Only the parties we have discussed today, Bill Teatero and—I have only had dealings with the people, Teatero, Diane McArthur and Denise Allen, the ones who got the copies.

**Ms Jackson:** We know you have discussed it to the extent you have already told us with certain people, and we know what you have said. Have you talked with anyone else inside the ministry, apart from the conversations you have already described, about the e-mail?

**Mr McBride:** No, I have not.

**Ms Jackson:** Have you ever shown the e-mail to anyone inside the ministry, apart from those people you have already identified?



**Mr McBride:** No, I have not.

**Ms Jackson:** Have you ever spoken with anyone—have you ever spoken with a reporter concerning the e-mail?

**Mr McBride:** No, I have not.

**Ms Jackson:** When I say “the e-mail” I mean the three e-mails, you understand that?

**Mr McBride:** Yes.

**Ms Jackson:** Have you ever shown the three e-mails or any one of them to a reporter?

**Mr McBride:** No.

1550

**Ms Jackson:** Have you ever spoken with anyone outside the ministry concerning the e-mails?

**Mr McBride:** No.

**Ms Jackson:** Have you ever shown a copy of the e-mails to anyone outside of the ministry?

**Mr McBride:** No, I have not.

**Ms Jackson:** Do you have any information that anyone in the provider services branch has ever discussed the e-mail or its contents with anyone outside the ministry, apart from the conversation that you have related concerning Dr MacMillan?

**Mr McBride:** No.

**Ms Jackson:** Do you have any information that anyone in the provider services branch has ever shown a copy of any of the e-mails to anyone outside of the ministry?

**Mr McBride:** No.

**Ms Jackson:** Have you ever been asked on any other occasion to prepare any information concerning Dr Donahue?

**Mr McBride:** Yes, I have.

**Ms Jackson:** When?

**Mr McBride:** The exact timing I am not sure of. We have been requested through Bob MacMillan to produce profiles on a number of physicians who Bob was either going to meet with to discuss the threshold issue or dealing with exemptions. One of those profiles was a profile on Mr Donahue.

**Ms Jackson:** Dr Donahue?

**Mr McBride:** Dr Donahue.

**Ms Jackson:** Without revealing the specific information concerning his practice, can you describe the kind of profile you prepared?

**Mr McBride:** The profile would have been a computer-printed, detailed profile that identifies all the services billed and compared to other physicians. It is a standard practice profile that we get out of Simon Kovacs's area. In the preparation of the material for Bob, I believe Peter Quinn would do a one-page summary synopsis that went with each one of those.

**Ms Jackson:** Was that the information—was Dr MacMillan provided with the one-page piece of information or the other profile or both?

**Mr McBride:** I believe he was provided with both.

**Ms Jackson:** Have you ever been asked on any other occasion to prepare information or to provide information concerning Dr Donahue?

**Mr McBride:** No.

**Ms Jackson:** Do you have any information that suggests the e-mail or its contents were provided to Shelley Martel?

**Mr McBride:** I have no evidence of such.

**Ms Jackson:** I beg your pardon?

**Mr McBride:** I have no evidence.

**Ms Jackson:** Do you have any information as to how the e-mail or its contents were provided to the Sun reporter to whom Dr MacMillan spoke on December 10?

**Mr McBride:** No, I do not.

**Ms Jackson:** Thank you, Mr McBride. Those are my questions.

**The Chair:** Thank you, Ms Jackson. We will open up to questions from government members—Mr Kormos. I would like to remind members that we will limit questions at this point to 20 minutes per caucus.

**Mr Kormos:** What is interesting is that you were shown this memo before it was sent out by e-mail.

**Mr McBride:** Yes.

**Mr Kormos:** And you found nothing about the memo that was objectionable?

**Mr McBride:** I looked at the memo; I focused on whether or not it was answering the questions that I thought had to be answered. At that time, I did not detect anything straight and objectionable because I was not looking for it.

**Mr Kormos:** You had only been there, in that capacity, five days?

**Mr McBride:** That is right.

**Mr Kormos:** But you did not draft the memo?

**Mr McBride:** No.

**Mr Kormos:** You did not write it?

**Mr McBride:** No.

**Mr Kormos:** You did not—well, maybe you did provide any instructions as to the content?

**Mr McBride:** I did provide instructions as to the content in the sense that I asked that a physician profile, a summary, be created. I asked that at least the profile should indicate the portion of billings that had to do with electrolysis, certainly to indicate dollar figures to determine whether or not the physician may have been over thresholds, and at least to indicate information with respect to whether or not the physician was exempt from thresholds.

**Mr Kormos:** So you gave those instructions to Mr Teatero?

**Mr McBride:** Yes.

**Mr Kormos:** And you were pleased with the results?

**Mr McBride:** In terms of what I saw on the memo at the time, where I was focusing on, yes.

**Mr Kormos:** He had complied with the instructions you gave him?



**Mr McBride:** Yes, he had.

**Mr Kormos:** He listened clearly—clearly or obviously he listened to what you had to say and he did what you asked him?

**Mr McBride:** Yes.

**Mr Kormos:** And Mr Teatero certainly, he had been doing this in so far as you are aware for some time, at this point, writing these profiles?

**Mr McBride:** Sorry?

**Mr Kormos:** Writing profiles. Mr Teatero—do you know whether or not he had done that before?

**Mr McBride:** Mr Teatero would not typically write profiles of physicians, no.

**Mr Kormos:** He is just involved with, what, responses to requests for ministerial briefings?

**Mr McBride:** He responded to my request for him to provide a summary of that physician.

**Mr Kormos:** Do you know whether or not he had been involved in preparing ministerial brief papers before?

**Mr McBride:** Bill himself had—I do not recall, at least when I was there, whether or not he had provided or prepared any ministerial briefings.

**Mr Kormos:** Or, if not the briefing notes, the input, providing information to the ministry that was used by ministry people to prepare those briefings?

**Mr McBride:** He would certainly have provided input on other briefings in the ministry.

**Mr Kormos:** I am unclear about this. Was this a briefing note or was it the data which the ministry could utilize in the case they wanted to prepare a briefing note?

**Mr McBride:** What Bill was producing was not the briefing note. The briefing note that would be produced would be a standard issue—background, current status. That was not the format this was in. This was simply input to be used in the preparation of the briefing notes.

**Mr Kormos:** So in so far as you are concerned, the people who received this, the people who have requested it, could use all or part or none of it, as they wished, to draft a briefing note for the minister or other responsible persons in the ministry?

**Mr McBride:** My understanding was that they could take that note and determine what they felt was appropriate to go into the briefing.

**Mr Kormos:** And in so far as distribution of that bit of e-mail, that memorandum, insofar as the distribution is concerned, was there anything untoward in the distribution of it?

**Mr McBride:** Was there any which?

**Mr Kormos:** Untoward. Was there anything untoward in the distribution of that memo?

**Mr McBride:** I do not understand the terminology “untoward.”

**Mr Kormos:** Was it distributed in a way that you were pleased with?

**Mr McBride:** It was e-mailed to the people I asked Bill to e-mail it to.

**Mr Kormos:** So there was nothing peculiar or unusual or unsettling about the distribution of that memorandum in so far as you are concerned?

**Mr McBride:** That is correct, as far as I am concerned, yes.

**Mr Kormos:** Again, protocol was used in the distribution of it?

**Mr McBride:** Bill did carry out what I asked him, yes.

**Mr Kormos:** Yes. Now, Dr MacMillan became aware of this memo very promptly. We are talking not weeks but days. One day?

**Mr McBride:** The day after, the morning after, yes.

**Mr Kormos:** And he had clearly had some feelings about the memorandum?

**Mr McBride:** Yes.

**Mr Kormos:** Feelings that you had not had when you first reviewed it prior to its being shipped out?

**Mr McBride:** That is right.

**Mr Kormos:** He told you that the memo was too detailed?

**Mr McBride:** He said it was too detailed in nature. He felt it was too much confidential information, that it was information that would be very sensitive in a political environment.

**Mr Kormos:** And he asked of you, “Who are all the people receiving this?”

**Mr McBride:** That is right.

**Mr Kormos:** Did you make any inquiries at that point to determine who had indeed received it?

**Mr McBride:** I checked with Bill, because the e-mail was sent from his account, to look at the e-mail and determine who was copied in. That way we knew everybody who got a copy that was sent from Kingston.

**Mr Kormos:** Are you satisfied that that determination was complete at that point in time? We are talking about the day after.

**Mr McBride:** Yes, I am satisfied that those were the only people who got a copy.

**Mr Kormos:** And subsequently, any information, any stuff you have picked up since then, you are still comfortable with that?

**Mr McBride:** Yes.

1600

**Mr Kormos:** Okay. So even as of today, you are confident that the people you reported to Dr MacMillan on the day after the e-mail was sent out are indeed the people who received the e-mail?

**Mr McBride:** That is right.

**Mr Kormos:** Perhaps you told us this and maybe I just was not paying attention, but what process was used to get the e-mail back?

**Mr McBride:** At our end there was no process to get the e-mail back.



**Mr Kormos:** What process was performed to make sure the e-mail was, I do not know, erased, eradicated?

**Mr McBride:** There was no process in terms of on my account or Bill's e-mail account, to erase that particular memo. The only process I am aware of eliminating e-mail or collection of documents was what Bob MacMillan related to me on the phone that he had done at the other end in Toronto.

**Mr Kormos:** Okay, but what did he tell you he did?

**Mr McBride:** He told me that he went around collecting all copies that he could find of the e-mail and specifically asking whom we had sent the e-mail to so that he could ensure that he had collected copies from those people.

**Mr Kormos:** Because e-mail—and once again, I am not really good on the stuff—the e-mail appears on the computer screen.

**Mr McBride:** Yes.

**Mr Kormos:** And that is the e-mail, but you can also make a printout of it.

**Mr McBride:** You could print out at any time you want.

**Mr Kormos:** Was there any effort to determine whether or not people had printed it out that you are aware of, or did anybody ask so far as you are aware?

**Mr McBride:** In Kingston?

**Mr Kormos:** Out at Kingston, in Toronto, anywhere.

**Mr McBride:** I simply know what happened in Kingston. The only people I was aware of who could potentially have that e-mail would have been Bill, myself and possibly Simon or Peter.

**Mr Kormos:** Were you a little bit surprised when Dr MacMillan told you in the calm environment of the day following the transmission of the e-mail that this stuff was too confidential, too detailed, to have been sent out? Were you surprised at his response?

**Mr McBride:** Partly, yes. Surprised in the sense that I felt there was a need for the information and I supplied it, or requested Bill to send it out. Partly not, in the sense that we are always concerned about confidentiality and we take it seriously. And that, yes, maybe there was a possibility, after he had talked to me about it, particularly when he explained to me that, even though you are dealing with people in the ministry carrying out those kinds of functions, he explained that you have to try to protect people from inadvertently disclosing information. That is why you are better not to give it.

**Mr Kormos:** Information that is protected by the Freedom of Information and Protection of Privacy Act?

**Mr McBride:** Yes.

**Mr Kormos:** Which could be so innocuous as, let's say, the year which somebody was born in.

**Mr McBride:** Yes.

**Mr Kormos:** Or the school that somebody graduated from. For example, that would be the sort of thing that freedom of information would prohibit you from disclosing.

**Mr McBride:** Yes.

**Mr Kormos:** Or, of course, perhaps a little more intimate stuff. If a communique had the gross billings of a doctor on it, that would be stuff that the freedom of information act would protect?

**Mr McBride:** Yes.

**Mr Kormos:** That is the sort of data that OHIP has as a matter of course, is it not?

**Mr McBride:** That is correct.

**Mr Kormos:** And it is public moneys, mind you, that are paying—well, public or some taxpayers are paying—the money that is paying any number of those 20,000 doctors that OHIP is taking care of? Tax dollars are paying the OHIP funds for any one of those 20,000 doctors that your files have on the doctors, but the public cannot know how much a respective doctor is being paid under OHIP?

**Mr McBride:** That is right.

**Mr Kormos:** So the date of birth of someone, the year and school from which he graduated, that doctor's gross billings, the sort of distribution of his practice, how much of it was spent, how much of his practice was spent delivering babies and how much of it was spent doing particular types of surgery, that would be prohibited as well?

**Mr McBride:** That is right.

**Mr Kormos:** And that is the sort of data, as I say, that OHIP keeps, is it not?

**Mr McBride:** Yes.

**Mr Kormos:** And it is that sort of data that you would utilize in the preparation of a profile of a doctor that we just spoke of, is it not?

**Mr McBride:** Yes.

**Mr Kormos:** That is somewhat, I am sorry, but to me somewhat innocuous sort of stuff? Nothing sexy or exciting in OHIP files?

**Mr McBride:** Not in our area. We deal with confidential information every day.

**Mr Kormos:** You deal with hard data, you deal with papers coming in and moneys flowing out?

**Mr McBride:** Yes.

**Mr Kormos:** Boom, that is it, right?

**Mr McBride:** Yes.

**Mr Kormos:** I am not saying your job is not interesting, but that is about as exciting as it gets. Sorry, Mr McBride, I get carried away. Now it is not till December 10 that attention is brought to this e-mail?

**Mr McBride:** That is right.

**Mr Kormos:** As of November 14, everybody up at Kingston, you and—well, maybe not everybody—but you and Dr MacMillan are sort of feeling, okay, a little problem solved?

**Mr McBride:** That is right.

**Mr Kormos:** The fourth estate rears its head again. The press call, right?

**Mr McBride:** Yes.

**Mr Kormos:** You were called upon to prepare a summary of events, to prepare a history of chronological



events starting with November 30 and going up to this time in December, right?

**Mr McBride:** November 13.

**Mr Kormos:** November 13, that is right, November 13 to December 10?

**Mr McBride:** Yes.

**Mr Kormos:** And you were asked to do that, obviously, in December?

**Mr McBride:** Yes.

**Mr Kormos:** Do you know why you were not asked to prepare some sort of chronology of events on November 14, when Dr MacMillan expressed—is “concern” the right word?—about the memo that had gone out?

**Mr McBride:** There was no issue or any concern of the fact following the 14th.

**Mr Kormos:** There was no issue on the 14th?

**Mr McBride:** As far as we were concerned in Kingston, nothing had gone outside, and as far as in Toronto, Bob felt he had collected all the information and nobody had any access to it.

**Mr Kormos:** Did you say earlier that from Bob’s point of view there was nothing illegal about the memo?

**Mr McBride:** Yes.

**Mr Kormos:** And your conversations with Mary Fleming and Pat—what was her last name?

**Mr McBride:** Malcolmson.

**Mr Kormos:** That was after the telephone conversation that you were sort of eavesdropping on one side of it? You were there in the room with Dr MacMillan while he was talking to what is obviously a reporter?

**Mr McBride:** Yes.

**Mr Kormos:** You called “he” here today and “she” in your summary.

**Mr McBride:** At some point after the conversation—

**Mr Kormos:** You read the byline.

**Mr McBride:** —different people came in. Pat Malcolmson and Mary Fleming were the other parties who came into that room.

**Mr Kormos:** Was there concern at that point?

**Mr McBride:** Concern of the potential of having the memo outside?

**Mr Kormos:** Was there concern about the fact that a newspaper reporter had called Dr MacMillan about the memo?

**Mr McBride:** Oh yes, definitely some concern.

**Mr Kormos:** What was that?

**Mr McBride:** The concern was, first, the obvious one that a memo had somehow gotten outside of the ministry that contained confidential information. That was of great concern to us.

**Mr Kormos:** The fact that a memo designed for a ministerial briefing would be leaked to a reporter caused concern?

**Mr McBride:** Definitely.

**Mr Kormos:** Was it the matter of the leak? My impression is that it was the matter of the leak that was of greater concern than what may or may not have been in the memo. Notwithstanding that nobody—

**Mr McBride:** Yes. It was more a concern of the leak. As far as the content of the memo or the purpose of the memo in terms of feeding into a party briefing process, we did not have a major concern with that.

**Mr Kormos:** The memo is pretty stale and again inoffensive stuff?

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**Mr McBride:** The memo certainly is something that we felt there was nothing illegal about it in terms of providing confidential information that was to be used for the preparation of a briefing. At least my understanding is that we can legally, under the Health Insurance Act, provide that information if we feel it is necessary for someone to carry out their duties.

**Mr Kormos:** And that memo certainly did not reflect—I mean, if I looked at, not that I ever would, a doctor’s file at OHIP, I would see a heck of a lot more and a heck of a lot more detailed stuff than was in the memo, would I not?

**Mr McBride:** Yes.

**Mr Kormos:** I mean, I would see a real distillation.

**Mr McBride:** You would see right down to every service and the number of times each service was performed and the dollar amount.

**Mr Kormos:** And I would be looking at more than one and a half pages—

**Mr McBride:** Oh, yes.

**Mr Kormos:** —of 10-point type.

**Mr McBride:** That is correct.

**Mr Kormos:** I would be looking at pages and pages and pages and pages and pages, reams.

**Mr McBride:** Several pages.

Interjection.

**Mr Kormos:** That is not reams, Mr Mills, it is only several pages.

**Mr McBride:** Obviously the standard practice profile would be something that would be 50 pages, 60 pages kind of thing. But we also dealt with individual, item-for-item remittance advice, in which you would have hundreds of pages just for one month’s worth of services.

**Mr Kormos:** Thank you very much.

**The Chair:** Thank you very much, Mr Kormos. We have Mr Owens on the list. I would ask you to be mindful of the time period.

**Mr Owens:** Just a couple of quick questions. Mr McBride, you testified that you were surprised that Dr MacMillan would request the withdrawal of the memo. Why were you surprised?

**Mr McBride:** I am not—I do not know if “surprised” at the withdrawal of the memo, from the point of view of that I had sent out something that I should not have sent out. My feeling was that the information was needed and required. Thus the guts of the memo in terms of being able



to address the issues that I hoped that it was going to help, in terms of the briefing, I thought would have gone into a confidential section for the minister. I was surprised in the sense that Bob had indicated that none of that information should go into the content of the briefing.

**Mr Owens:** Reflecting on the content of the memo, was this a briefing note that is standard in its content?

**Mr McBride:** The information we sent was not the briefing note. The information we sent was simply input to be used for the briefing note. The briefing note itself has a standard format that is used. We were not preparing the briefing note. That was being prepared in Toronto.

**Mr Owens:** You mentioned that you felt that you were being pressured. Was it simply time pressure that you were feeling?

**Mr McBride:** I was feeling pressure in three different ways. One was knowing that in the briefing process they want a response back by 10:30. The second pressure was the fact that I got three calls from people requesting the information, saying, "We need it as soon as possible." The third pressure was to deal with the day-to-day issues that we were dealing with in the provider services branch other than the memo itself.

**Mr Owens:** So there was absolutely no indication that there was any kind of political pressure for you to produce a briefing or a note of that nature.

**Mr McBride:** No political pressure at all; simply the pressure to get information in the proper hands in a timely fashion so that, if needed be, the minister could have it if they had to answer questions in the House.

**Mr Owens:** Thank you, Mr Chairman, for your patience.

**The Chair:** Thank you very much, Mr Owens. Mr Conway, just prior to the commencement of your questioning, I have just been informed that there seems to be somewhat of a logjam in Hansard and we would have to wait two minutes.

We have now come on stream, as they say.

**Mr Conway:** Back from the monastery, Mr Chairman. I would like to pick up where my friend from Scarborough just concluded. Mr McBride, you indicated earlier in testimony that you had had a good working relationship with Dr MacMillan. You were, I think you said, in and out of his office routinely.

**Mr McBride:** That is correct. I was in and out of his office on various issues every day.

**Mr Conway:** Having regard to what you just said to Mr Owens, and keeping in mind an apparent urgency that attached to the specific request that involves the e-mails, I would like to read to you some testimony from yesterday morning. Dr MacMillan, in talking about the circumstances, including the urgency of the matter at hand—I am quoting Dr MacMillan from yesterday morning responding to my colleague Mr McGuinty: "I was led to believe that the Treasurer also wanted details of the matter, and that is why in part apparently there was a degree of urgency felt by staff in getting the information and preparing it." Having regard to the fact that you and Dr MacMillan's

office were in close contact apparently, did you have any knowledge that the Treasurer had an interest in this matter?

**Mr McBride:** I had no knowledge of the Treasurer having an interest in the matter at all.

**Mr Conway:** Did you have any knowledge of any other elected government official having an interest in this matter?

**Mr McBride:** No, I had no idea that anybody else had any interest in the matter at all.

**Mr Conway:** So Dr MacMillan's awareness that the Treasurer wanted the details apparently on an urgent basis that led to his expediting of the request was completely unknown to you?

**Mr McBride:** Completely unknown.

**Mr Conway:** I want to ask you about the chronology very briefly. As I understood your testimony earlier when committee counsel was taking you through this process, the request came, you were new to the position by just a few days, as I recall—

**Mr McBride:** Five days.

**Mr Conway:** Five days, but you had had quite a lot of experience in government.

**Mr McBride:** I have not had a lot of experience in government.

**Mr Conway:** I have before me something that somebody kindly provided. I think it may be exhibit 25. Is this the right document? It is your résumé. It is quite a good résumé; quite an impressive one. I was struck by some phrases, some words, in the third paragraph, the front page of that: "Dear sir/madam: Please accept this letter as application for manager of the policy development, planning and research unit of the provider services branch," file such and such.

Later on the first page you say, talking about your experience with the Ontario government, which had been something in the neighbourhood of 10 years, that experience involved duties which—I am quoting the sentence directly—"The duties carried out required a high level of analytical, problem-solving, administrative, management and leadership skills, as well as excellent interpersonal and communication skills." So by your own admission you had pretty good experience dealing with government operations.

You come to your new job. You are asked to prepare some information, I will add parenthetically in a department where just a few months before the minister of the day had to resign because of some difficulties around the release of confidential medical information. I add that for my own benefit, if not for anyone else's, because I would suspect that the so-called Gigantes affair, involving as it did the inappropriate release of highly sensitive medical information, had had and was having some effect on the culture within at least the executive levels of the Ontario Ministry of Health. Would that be an unreasonable supposition for me to make?

**Mr McBride:** Yes, that is unreasonable. I have had extensive experience in computer systems' design and implementation with the government over the last 10 years. I have not had any, or very little, I should say, experience in



terms of any political savvy or understanding of how politics works in the sensitivity of information. I am basically a systems consultant and computer analyst.

**Mr Conway:** I believe that. No, I think that is obviously your great strength. I can appreciate exactly how you would feel. That is why then I want to quickly go through what happened, because you are asked to prepare this information, and as I understood, you direct Mr Teatero to prepare the information. If I understood what you said to me or to the committee in responding to counsel, at some point a draft of what I will call the e-mail, the first e-mail, was brought to you to assure you that the issues that had been requested to be addressed were in fact addressed. You satisfied yourself that in fact the e-mail that had been prepared did that, to the best of your knowledge, and Mr Teatero went back and essentially then shot that through the electronic mail to Toronto and you did not see the final version until later that afternoon of November 13, when you saw the second e-mail at the same time. Is that roughly correct?

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**Mr McBride:** My understanding was, when I looked at the e-mail that Bill Teatero showed me, that that was the final version to be sent and not a draft. The actual receipt of that e-mail into my electronic system, if you want to call it, did not occur till later that day.

**Mr Conway:** But later that day, you saw that e-mail, and I take it that it was, to the best of your recollection, the same e-mail that you had seen earlier in the day.

**Mr McBride:** That would have been to the best of my recollection; that is true.

**Mr Conway:** And that there was another e-mail with it?

**Mr McBride:** Yes.

**Mr Conway:** Later the same day?

**Mr McBride:** Yes.

**Mr Conway:** Now, when again did you first talk to Dr Robert MacMillan about these e-mails?

**Mr McBride:** The morning of the 14th.

**Mr Conway:** And you called him or he called you?

**Mr McBride:** He called me.

**Mr Conway:** What time of the morning did he call you?

**Mr McBride:** I would think it would be somewhere in the neighbourhood of around 9 o'clock.

**Mr Conway:** I did not hear that.

**Mr McBride:** Around 9 o'clock.

**Mr Conway:** So, early in the morning he called you. How would you characterize his interest in the subject? Was he routine? Did he seem to be interested to an unusual degree in what had transpired the day before?

**Mr McBride:** He seemed more upset than, I guess, using the word "interested," in terms that the information had gone out through the unit, and I clarified for him that we felt it was needed for a priority briefing that was in

process. I thought that information was needed, and then Bob had indicated to me that it was very sensitive material and I should be very cautious about sending out that kind of material.

**Mr Conway:** Now he was upset, and he was upset for the reasons that you mentioned. And having regard that you were not aware apparently of the recent history, where the department had gotten itself into difficulty because highly sensitive, inappropriate, confidential medical information had gotten out and had occasioned the resignation of the minister, he is the none the less upset that highly sensitive, confidential information has gotten outside of a fairly tight circle that, among other things, I gather, is required by law.

**Mr McBride:** He appeared to me to be more upset with the fact that that kind of information could have gone into the confidential section of a party briefing, and that it could potentially lead to the minister accidentally or inadvertently mentioning information that is in the confidential section.

**Mr Conway:** Again, just help me understand that conversation again that you had with Dr MacMillan at his call early the next morning. He calls you and he says, "Bob, I'm really concerned, I'm upset."

**Mr McBride:** To the best of my recollection, when he called, he said, "I understand that a memo went out from your office from Bill Teatero to Diane McArthur." I said, "Yes, it did." He said, "The kind of information that was sent out was too detailed, too sensitive in nature and is not a level of detail that's necessary to go into a brief," as I indicated it was required for. He related to me experiences that he had had in the past where such information—though we can give that out, people could potentially and accidentally give that information outside the ministry in conversation, and that to protect those individuals, we are better not to give that information.

**Mr Conway:** And he had indicated to you, as I understand it, that at some point after the e-mail had gone from your branch, at some point after that and before you chatted on the phone, Dr MacMillan had seen copies of the memoranda circulating in places like Eugene LeBlanc's office, and he had either seen or heard of it circulating in other places that caused him some concern?

**Mr McBride:** He simply indicated to me that he had seen it in Eugene's office and he had seen it on a couple of the other desks in the office. I do not know who the individuals were. He collected and retrieved those copies and then he asked me who got a copy of the e-mail so that he could ensure that he collected a copy from those individuals.

**Mr Conway:** Did he more specifically indicate where those other places and who those other people were? I will ask you to think about the following before you answer that question, because we now know that that e-mail, those memoranda, found their way quite directly to the communications branch of the Ministry of Health and found their way very directly to political staff in the office of the Minister of Health. Did he give any indication in his conversations with you, that morning or later, that part of his concern was that he had either seen or heard of those



memoranda being in the hands specifically of either or both the communications branch of the Ministry of Health or political staff working for the Minister of Health?

**Mr McBride:** I do not recall him giving me any indication of that.

**Mr Conway:** You have no recollection in this conversation where he was upset about what had happened and what might happen as to where these had gone that they ought not to have gone?

**Mr McBride:** The context of the discussion with Bob was more focused on the fact that the information was sent, and then the specific request, who had got copies, so that he could retrieve those.

**Mr Conway:** Had the communications branch of the Ministry of Health made a direct request for the information that quickly came into their hands, would it have been your view that they were entitled to that?

**Mr McBride:** I would have questioned it if it was simply a communications person making the request, and being the only person to make a request, knowing that the briefing guidelines seemed to indicate that the executive assistants of the ADMs were typically the people to make that request.

**Mr Conway:** Again, I just want to be clear. You, as the acting director of the branch—I am to understand that you personally were not aware of—you were or were not aware of the urgency of the matter?

**Mr McBride:** I was informed that the information was needed as soon as possible.

**Mr Conway:** Who informed you again?

**Mr McBride:** I believe I got the same message from all three people whom I talked to.

**Mr Conway:** Who were those three people again?

**Mr McBride:** Denise Allen, Maurice Jones and Diane McArthur.

**Mr Conway:** Is it not kind of interesting that two of those three people were communications officials within the Ministry of Health?

**Mr McBride:** I did not find it unusual that a communications person was requesting the information as soon as possible. I was led to believe they were assisting in the preparation of the priority briefing. In the discussions with Denise Allen, my impression was that she started out to be participating in the role and then it was being turned over to Maurice Jones.

**Mr Conway:** I am trying to understand your situation. You are a very competent, dare I say it, technocrat with great computer skills and background. You find yourself now in an acting position. You have got a close working relationship with Dr MacMillan. You have been around government a number of years. You are working in a department where there has been a big public issue around the release of confidential medical information, which release caused the resignation of the minister just months before, and now you get three people requesting information that, within 18 hours, is being described by someone that you know well and have worked closely with as being very

sensitive and—I do not know what else Dr MacMillan said; I am not going to quote him—very personal.

I mean, I am just trying to figure out your situation, and I really am having difficulty that you worked so closely with Dr MacMillan and that you would have had such differing perspectives on the same request with the same kind of information.

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**Mr McBride:** In terms of closely working with Dr MacMillan, my close relationship in working with him was only something that started once I became acting director. That, at that point in time, was five days' worth. In terms of the people that I was dealing with and got the calls from, basically what I had in my hands were guidelines to priority briefings. I would not say they are extremely detailed, but basically it indicates that here is a list of people who are involved in the priority briefing process. It indicates the communications branch was involved in the priority briefing process, and these were the people who were involved.

**Mr Conway:** Thank you very much.

**Mr Scott:** I just have two questions that you will be happy to hear are based on the very small bit of your evidence I heard. But when you received a call from Diane and subsequently from Denise and Maurice asking for this briefing, it was pretty plain to you by the time those requests had been made that the minister's office wanted this information, right?

**Mr McBride:** It was clear to me only that they were to prepare a briefing and required the information to—

**Mr Scott:** Look, if someone had asked you, "Who wants the information?" you would not have said, "Diane, Denise and Maurice." You would have surely said, "The minister's office wants this stuff pronto." Right?

**Mr McBride:** I was not of the understanding that the minister was making this specific request.

**Mr Scott:** Who do you think was making the request—Diane, Maurice and Denise? People you had never even heard of, two of them. Who do you think was making the request? Surely you knew it was the minister's office. That is why, as someone said earlier, you had to hustle.

**Mr McBride:** My feeling was that the contentious issue in it that initiates the request for briefings was the people who felt the information was needed.

**Mr Scott:** So you had not the faintest idea where this was going, this information?

**Mr McBride:** I have no idea what happens at the other end.

**Mr Scott:** Well, that is the way to run life. Now let me ask you one other question that I hope you can answer, though maybe you cannot, in light of this. You did tell us that you knew the information was requested because some doctor in Sudbury, whose name you were given, had gone on the radio. Is that right?

**Mr McBride:** That is right.

**Mr Scott:** And he had been very critical of the government, right?



**Mr McBride:** Yes.

**Mr Scott:** And he had slammed the government policy on caps and perhaps slammed the government policy on the withdrawal of OHIP payments for that hair removal business, right?

**Mr McBride:** No. I would simply relate that the discussion revolved around the deinsuring of electrolysis the week prior and that the discussion that was on the radio broadcast that took place had to deal with threshold implication, and they were not clear as to what even the content of the radio broadcast was at that point.

**Mr Scott:** I ask you, in light of that, just to assume this. Let's assume, though you may not have known it, that this request came from the minister's office and that it came, as you said, because some doctor had gone on the radio and given the government a good, sharp poke for its health policy.

What I want to know is, did it cause you any surprise that the first thing that happened as far as you knew is the government dove for the doctor's personal records? I mean, you know, I have this horrible feeling that under this regime, if I got up and made a criticism of the amount judges are paid in Ontario, some minister would be sending a bureaucrat to draw my personal file to see if there was any stuff on me. Did you have the sense that that was happening at all?

**Mr McBride:** I had no sense of that.

**Mr Scott:** You had no sense of that. Well, God bless you.

**Mr Eves:** Mr McBride, pardon me, but I came in partway through. You had already started your remarks, and I believe Mr Kormos was asking you questions as I came in. Did I understand you to say in response to Mr Kormos's questioning that you thought the subject matter and the contents of the e-mail were appropriate and that you did not see anything wrong with it?

**Mr McBride:** I do not recall saying that the content was appropriate, in the sense of at the time of the e-mail that I reviewed I had focused on whether or not it addressed the questions that I thought had to be answered. It had addressed those questions, in my feeling.

**Mr Eves:** Okay. Would you think that the content of the e-mail was appropriate to be sent to individuals outside of OHIP, in particular individuals in the communications staff of the minister's office?

**Mr McBride:** The content of the e-mail was certainly not appropriate to be sent outside the ministry. Whether it was appropriate to be sent inside the ministry, in terms of what I focused on, it had the content, what I was looking for to be sent to the people preparing the briefing.

**Mr Eves:** But that is not what I asked. I did not ask whether it was appropriate to be sent outside the ministry. I asked you whether it was appropriate to be sent outside of OHIP, because Dr MacMillan has a real concern about information of this type being sent outside OHIP and he differentiates, at least in his mind, between sending it outside OHIP and that tight circle and sending it to communications staff in a minister's office.

**Mr McBride:** In my experience in the ministry, it seemed appropriate to me there was a need for that information to be able to prepare the briefing and, thus, I requested it to be sent.

**Mr Eves:** Do you think it would be fair to say that Dr MacMillan was upset to learn that information of the nature that was in the e-mail—

**Mr Hope:** Mr Chairman, on a point of order: On the questioning that was just raised, he said to the minister's communications. It is not the minister's communications; it is the ministry communications. In his comments, that he referred to, just in the question, he said who the information was sent to.

**The Chair:** And your point?

**Mr Hope:** My point is it was not the minister's staff.

**The Chair:** Well, Mr Hope, it is Mr Eves who is posing the question and the witness is responding, and let us just work that line—

**Mr Hope:** Well, it is a matter of factual information. It has been presented already.

**Mr Scott:** Except, Mr Chairman, we already know, in evidence that came out in yesterday's hearing, that information got outside the ministry into the minister's office.

**The Chair:** I would like to thank everybody for their points, but Mr Eves has the floor. Mr Eves, you might continue questioning.

**Mr Eves:** Thank you, Mr Chairman. We are on to another question in any event. Do you think it is fair to say that Dr MacMillan was upset—

**Mr McBride:** Yes.

**Mr Eves:** —to learn that the sensitive content of the e-mail was sent to individuals outside of this OHIP circle?

**Mr McBride:** It is fair to say that MacMillan was upset that the e-mail had left the provider services branch and gone to the parties that we sent, Diane McArthur, Maurice Jones and Denise Allen.

**Mr Eves:** Were you aware that there was a change in the policy with respect to preparing briefing notes for the minister after, pursuant to the previous minister having had to resign because of the fact that she released confidential information in the House and that, in fact, the policy for how that information was prepared went back to what it previously had been under the previous government because of that previous minister's having had to resign?

**Mr McBride:** I was aware that previous briefings had mixed confidential information in with background information in the format and that they moved away from that to putting information at the back of the priority briefing on a separate confidential page. My understanding was that they had asterisks and things to designate confidential information before. I was aware that there was a situation where confidential information that was mixed in with the background information had been relayed.

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**Mr Eves:** You made a comment, I believe, in response to a question by Mr Owens that there was information in this e-mail so that the briefing note could be prepared, so



that the minister, if necessary, could answer questions in the House. Is that correct? Am I paraphrasing you correctly?

**Mr McBride:** Let me phrase it this way: My understanding is, any priority briefing has the potential to end up in the minister's hands to deal with a particular issue.

**Mr Eves:** Would you think the subject matter or the contents of this e-mail would be appropriate for the minister to release in the House?

**Mr McBride:** Certainly not in the form and format and the way it was sent out. I fully expected it to be edited at the other end, to be put in a separate confidential section in terms of what was relevant.

**Mr Eves:** Are you satisfied that the e-mail in question never left the ministry?

**Mr McBride:** I am satisfied that the e-mail that was sent out from Kingston—certainly within the ministry it has never gone any further than Kingston. I do not know if I was that clear.

**Mr Eves:** I do not really know whether you answered my question or not. Are you—

**Mr McBride:** I am satisfied no information within the provider services branch was put outside the ministry by any individual in that branch.

**Mr Eves:** By any individual in that branch?

**Mr McBride:** Yes.

**Mr Eves:** Can you say for certain that no information of the document itself has ever left the ministry?

**Mr McBride:** I cannot say that for certain, no.

**Mr Eves:** Thank you.

**Mr Harnick:** Just a couple of questions. I am left a little confused after your dialogue with Mr Scott, when you would not acknowledge that the information was for the minister. When Ms Jackson was asking you questions, my note quite distinctly says, "It was my understanding that it was for the minister." Now which is it?

**Mr McBride:** My understanding is all priority briefings are for the minister, whether or not they go to the minister.

**Mr Harnick:** Well, if they are for the minister, would they not go to the minister? Why bother doing the briefing?

**Mr McBride:** My understanding is that the contentious issue branch, when the staff see an issue, they prepare these briefings, and the intent is to take them to the ministers. Whether or not they do, I cannot tell you that.

**Mr Harnick:** All right. So when you were doing this, you had to assume that it was for the minister?

**Mr McBride:** Yes.

**Mr Harnick:** All right. And you told Mr Eves that it was your impression that there was a need for the information, so you requested that it be sent. Now why did you feel that this particular information was needed?

**Mr McBride:** My understanding was that the priority briefing that was being prepared was in response to the radio broadcasts on Dr Donahue. My understanding was that one had to do with deinsuring of electrolysis and the other one had to do with the threshold issue. What I

thought the information would do would provide the minister—if it should have gone to the minister—confirmation of what the physician was saying was correct. There seemed to be a discrepancy in the terms of an electrolysis issue versus a threshold issue, since electrolysis services were excluded from thresholds. So what I had hoped to do was identify what the issue really was.

**Mr Harnick:** You saw that e-mail, did you not?

**Mr McBride:** Yes, I did.

**Mr Harnick:** I do not want you to tell me about the contents of that e-mail, but would you agree with me that that e-mail did not define the issue as being either electrolysis or threshold?

**Mr McBride:** The e-mail gave the information to determine the answer to those questions. The e-mail contained information relating to electrolysis and it contained financial information as well, so from the information in that e-mail, they could answer those questions.

**Mr Harnick:** How did you expect that this information was going to be used?

**Mr McBride:** I expected that questions I thought needed to be answered would be contained in a confidential section of a priority briefing note.

**Mr Harnick:** You have totally lost me. Let's talk for a minute about your chart, which is exhibit 26. As I look at this chart, you were preparing this priority briefing and at some stage that priority briefing was sent to an assistant deputy minister. Is that correct?

**Mr McBride:** I was preparing, or our branch was preparing input to be used in the preparation of a priority briefing, not the priority briefing itself. My understanding was that the priority briefing would end up in the hands of an ADM.

**Mr Harnick:** You were the program area, I gather. Is that correct?

**Mr McBride:** Yes.

**Mr Harnick:** On your little chart it goes from the program area to the assistant deputy minister.

**Mr McBride:** Yes.

**Mr Harnick:** You were the man in charge that day.

**Mr McBride:** I was the person in charge of the provider services branch that day.

**Mr Harnick:** Would you not have been the person who would send it from the program area to the assistant deputy minister?

**Mr McBride:** Yes.

**Mr Harnick:** Of course you would. Which assistant deputy minister did you send it to?

**Mr McBride:** The information was sent directly to Diane McArthur, who is the executive assistant of Eugene LeBlanc.

**Mr Harnick:** But Eugene LeBlanc is not an assistant deputy minister, is he?

**Mr McBride:** No, he is not.

**Mr Harnick:** Who is the assistant deputy minister whom it went to according to this chart?



**Mr McBride:** My understanding is that Eugene LeBlanc reported directly to the deputy minister.

**Mr Harnick:** So you are telling me that this information you prepared went from your area to Mr LeBlanc's area to the deputy minister himself.

**Mr McBride:** I could not tell you that. All I know is that the party who requested the information is whom it would be sent back to. That was the executive assistant of Eugene.

**Mr Harnick:** Because you see, what concerns me is that the little arrow goes to the assistant deputy minister's little box here. At the very bottom, the information, after it is vetted by the assistant deputy minister, ends up in the minister's office. Is that correct?

**Mr McBride:** According to that chart, yes.

**Mr Harnick:** What you are telling me is that it went from the little box where you sit straight to the deputy minister, which is included in the little box where it says "Minister's office." This went from your office right to the minister's office.

**Mr McBride:** I could not tell you that.

**Mr Harnick:** Surely after all this went on you have made some investigations or been privy to investigations as to the path that electronic mail took. Is that correct?

**Mr McBride:** That is not correct. The information I was asked was simply, "Where did the electronic mail go to." I see this as the guideline. I cannot tell you whether or not the person who took it at the next box moved it on to the next one.

**Mr Harnick:** Do you know who Larry Corea is?

**Mr McBride:** Yes.

**Mr Harnick:** Who is Larry Corea?

**Mr McBride:** He is a person who works in the minister's office.

**Mr Harnick:** Is he a political person or is he a civil servant?

**Mr McBride:** I assume he is a civil servant.

**Mr Scott:** The dividing line is becoming more difficult to know.

**Mr Harnick:** He is a civil servant. Can you tell me who sent this material from your office to Corea's office?

**Mr McBride:** I could not tell you that.

**Mr Harnick:** Did you ever find out that it went to Corea's office?

**Mr McBride:** No, I did not.

**Mr Harnick:** So to this day you are coming here and you are telling me that you have never heard that it went to Corea's office.

**Mr McBride:** I have only heard through the papers that it—

**Mr Harnick:** You heard through the papers. Is that correct?

**Mr McBride:** Through the papers, yes.

**Mr Harnick:** Did you ever go back to the place you worked to say, "How did that ever happen?"

**Mr McBride:** No, I did not.

**Mr Harnick:** You were not interested?

**Mr McBride:** No.

**Mr Harnick:** Okay.

**Mr Conway:** Charlie, we know what was supposed to have happened is entirely academic.

**Mr Harnick:** You are absolutely right. I give up.

**Mr Conway:** We also know why what happened, happened.

**The Chair:** Mr Harnick, have you completed your questioning?

**Mr Harnick:** I have given up.

**The Chair:** Thank you very much.

**Mr Scott:** We have come to the coverup stage.

**The Chair:** Members of the committee, that concludes today and we will adjourn at this time. Just to remind members of the subcommittee, we have a short meeting afterwards.

The committee adjourned at 1651.



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Publications



M-28 1992

M-28 1992

ISSN 1180-436X

## Legislative Assembly of Ontario

First Intersession, 35th Parliament

## Official Report of Debates (Hansard)

Thursday 13 February 1992

### Standing committee on the Legislative Assembly

Inquiry re  
Ministry of Health  
information

## Assemblée législative de l'Ontario

Première intersession, 35<sup>e</sup> législature

## Journal des débats (Hansard)

Le jeudi 13 février 1992

### Comité permanent de l'Assemblée législative

Enquête concernant  
certains renseignements  
du ministère de la Santé



Chair: Steven Offer  
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Published by the Legislative Assembly of Ontario  
Editor of Debates: Don Cameron



Publié par l'Assemblée législative de l'Ontario  
Éditeur des débats : Don Cameron



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# LEGISLATIVE ASSEMBLY OF ONTARIO

## STANDING COMMITTEE ON THE LEGISLATIVE ASSEMBLY

Thursday 13 February 1992

The committee met at 1011 in room 228.

### INQUIRY RE MINISTRY OF HEALTH INFORMATION

EUGENE LeBLANC

**The Chair:** Members of the committee, I will call the committee to order. This morning we have Dr Eugene LeBlanc before the committee, who is the executive director, negotiations secretariat, with the Ministry of Health. I believe to Mr LeBlanc's left is counsel S. John Page. The clerk will administer the oath to Dr LeBlanc.

Eugene LeBlanc, sworn.

**The Chair:** Just before questioning by counsel Patricia Jackson I would like to advise you that in the event a question is asked in this committee hearing that would require in response the release of confidential information, I would ask you to advise this committee. As per our terms of reference we are able to move into an in camera proceeding whereby the information you feel is of a confidential nature could then be responded to, as per our terms of reference. I note that this morning as a precautionary note.

Having said that, I would invite Ms Jackson to open up questioning at which time there will be a rotation from caucus to caucus for further questioning.

**Ms Jackson:** Dr LeBlanc, you are the executive director of the negotiations secretariat in the Ministry of Health.

**Dr LeBlanc:** Yes.

**Ms Jackson:** I understand, sir, that although you have had the title for a matter of a few weeks you have effectively had that position since February 1991.

**Dr LeBlanc:** That is correct.

**Ms Jackson:** Dr LeBlanc, you are a PhD in pharmacology?

**Dr LeBlanc:** Yes.

**Ms Jackson:** You began, after your PhD, with the Addiction Research Foundation?

**Dr LeBlanc:** Yes.

**Ms Jackson:** And were seconded to the Ministry of Health?

**Dr LeBlanc:** Yes.

**Ms Jackson:** And have been a permanent employee with the Ministry of Health since the mid-1970s?

**Dr LeBlanc:** Yes.

**Ms Jackson:** Throughout that period, as I understand it, sir, you have occupied essentially a policy planning and research function, in most cases throughout the period reporting directly to the deputy minister.

**Dr LeBlanc:** That is correct.

**Ms Jackson:** During the period immediately prior to your present position, sir, I understand you were the chief of staff to Michael Decter during the course of the

negotiations of the agreement that has become to be known as the framework agreement.

**Dr LeBlanc:** That is correct.

**Ms Jackson:** I also understand, sir, that over the course of your employment with the Ministry of Health, and in the period when the Freedom of Information and Protection of Privacy Act has come to be a significant issue, you have from time to time occupied a position of some responsibility with respect to freedom of information.

**Dr LeBlanc:** That is correct.

**Ms Jackson:** Could you describe that briefly for the committee, please?

**Dr LeBlanc:** In the immediate preceding position as the executive director of policy, the freedom of information office was located in my division for a year and a bit.

**Ms Jackson:** The negotiations secretariat, Dr LeBlanc, has at the moment three main functions, one being the implementation of the OMA-government agreement.

**Dr LeBlanc:** Yes.

**Ms Jackson:** And the second being the provision of economic and policy support to the government in its negotiations with various health care providers including doctors.

**Dr LeBlanc:** Yes.

**Ms Jackson:** And last, and much more recent, the negotiations secretariat has provided liaison between the Ministry of Health and the newly created position of Deputy Minister of Public Sector Labour Relations.

**Dr LeBlanc:** We are just starting that.

**Ms Jackson:** That is not a function you were fulfilling in the fall of 1991?

**Dr LeBlanc:** No. That position was also created in the last few weeks.

**Ms Jackson:** During the fall to the end-of-December period of 1991, there were four people in your secretariat?

**Dr LeBlanc:** Yes.

**Ms Jackson:** Yourself and your executive assistant, Diane McArthur?

**Dr LeBlanc:** Yes.

**Ms Jackson:** And two other assistants, Debbie Stearns and Martin Barclay?

**Dr LeBlanc:** Yes.

**Ms Jackson:** Throughout this period, sir, I understand you did report directly to the deputy minister, Michael Decter?

**Dr LeBlanc:** On issues relating to doctor stuff, yes.

**Ms Jackson:** Sorry?

**Dr LeBlanc:** On issues relating to the physician, yes.



**Ms Jackson:** All right. To what extent, Dr LeBlanc, does your secretariat, or did it during that period, receive information on individual physicians' billings?

**Dr LeBlanc:** Infrequently, but my recollection is three or four times in a period of four or five months.

**Ms Jackson:** For what purpose?

**Dr LeBlanc:** I was faced with helping the government develop a practical policy to the issue of implementing the threshold provision of the OMA agreement, and in developing that, from time to time such information was useful in developing options.

**Ms Jackson:** To develop options do you need specific information on individual doctors or do you need general information on doctors as a group?

**Dr LeBlanc:** I needed both. There were a few cases in which individuals were presenting as the prototype for a general situation. That was not the usual type of information that I required. I generally needed more aggregate information, but there were two or three cases in which exceptionally detailed conversations were taking place about whether the options were likely to be ones that we would adopt and more information on specific cases was provided to me.

**Ms Jackson:** I understand with respect to Dr Donahue that in the period of late October and very early November 1991 the Ministry of Health received a number of letters enclosing information of an announcement that Dr Donahue was closing his office.

**Dr LeBlanc:** Yes.

**Ms Jackson:** Now I should say, Dr LeBlanc, or confirm through you to the members of the committee, that those letters contained information that would be classified as personal information under the Freedom of Information and Protection of Privacy Act.

**Dr LeBlanc:** I believe so.

**Ms Jackson:** Because they identify the individuals who wrote the letters—

**Dr LeBlanc:** Yes.

**Ms Jackson:** —and where they live and that sort of thing.

**Dr LeBlanc:** Yes.

**Ms Jackson:** But generally speaking, can you describe the kind of letters you received and approximately the number, without revealing confidential information?

**Dr LeBlanc:** Specific to—

**Ms Jackson:** To Dr Donahue.

**Dr LeBlanc:** Dr Donahue, using I assume his word processor, produced a family of letters that essentially covered the same material. They were somewhat tailored to whomever he was sending it, whether it was to his patients or to the minister or to someone else. As a result of the central logging process of the ministry, these were bundled and arrived in my office as part of the general steering of letters on these topics to me. He generally described his circumstance and provided his argumentation as to why the agreement should be implemented in a certain way,

both for his purposes and for more general purposes from the medical fraternity generally.

**Ms Jackson:** Did he describe specifically what his billings were?

**Dr LeBlanc:** It is not my recollection that he provided any numerical indication, but he did provide some information which would give a sense of the general scope of his activity.

**Ms Jackson:** Why did you see those letters?

**Dr LeBlanc:** For two reasons: One is that these letters to be responded to had to be actioned out to people who could provide content for the letter-writing unit to prepare answers; number two, I was dealing with an analysis of all of the similar type of letters to help the ministry in formulating a policy position on the implementing of the threshold provision of the—I will use "doctors' agreement" as sort of a collection for the four agreements, rather than just the framework.

**Ms Jackson:** Did the ministry receive correspondence with respect to the situations of other doctors during this period?

**Dr LeBlanc:** Yes, directly from them and from individuals in support of individual or classes of physicians.

**Ms Jackson:** Approximately how many instances of individual physicians were raised with the ministry through this vehicle of writing in, either by the doctors or by others in their support?

**Dr LeBlanc:** About 200.

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**Ms Jackson:** Do you recall requesting Helen Ambrose in the communications branch of the ministry at some point in time to start commencing keeping a newspaper file or a clippings file on Dr Donahue?

**Dr LeBlanc:** Yes.

**Ms Jackson:** Why did you do that?

**Dr LeBlanc:** When one has developed a sensitivity, when one acquires information, between that information which is truly in the public domain and that which is not, anything that Dr Donahue said or was reported would be information that was discussable; any other information that was known and not in the public domain could not have been discussed. So it was a useful tool.

The second thing was that Dr Donahue made assertions about the agreement that were not quite correct, and part of what we were attempting to do was to provide information. So since Donahue's was a case that got a lot of press coverage, it was a means of keeping track of whether we were successful in our communications. In other words, did, over time, the issues that were raised become clearer? So for both those reasons, I asked for it to be monitored. They were kept in the communications branch for me to use as I required.

**Ms Jackson:** Did you ask for such clippings files to be kept on any other doctors?

**Dr LeBlanc:** No.

**Ms Jackson:** Do you know if the clippings file still exists?



**Dr LeBlanc:** No.

**Ms Jackson:** No, you do not know, or no, it does—

**Dr LeBlanc:** I do not know.

**Ms Jackson:** Did you, in the course of reviewing that file or otherwise, become aware of a transcript of an interview of Dr Donahue, which we have marked in these proceedings as exhibit 10?

**Dr LeBlanc:** Yes, I recall having read this. I do not know whether I saw it freestanding or as part of the bundle that is circulated daily of clippings.

**Ms Jackson:** You would have seen it, though, round about November 8?

**Dr LeBlanc:** Yes.

**Ms Jackson:** Typically, if it was circulated as part of the daily bundle, how quickly would you have seen it?

**Dr LeBlanc:** It would have been, at the earliest, the subsequent day.

**Ms Jackson:** Typically, is that how quickly it gets to you?

**Dr LeBlanc:** Through the use of MediaReach, issues that are identified in the media usually come the subsequent day. Since this was in Sudbury, it may have been even a day later than that.

**Ms Jackson:** Dr LeBlanc, I realize I am hearkening back to the question I just asked you, and I apologize for not specifically having asked you before the hearing today. Would it be possible for you to get that clippings file from the communications branch and produce it—

**Dr LeBlanc:** Sure.

**Ms Jackson:** —to me in order that I can be sure there is not anything in there that should not be in public? But, frankly, I cannot see why there would be in a clippings file.

**Dr LeBlanc:** Yes.

**Ms Jackson:** Then we will put it before the committee?

**Dr LeBlanc:** Sure.

**Ms Jackson:** Now, Dr LeBlanc, I am going to ask that the clerk put before you and members of the committee a partially edited e-mail from Larry Corea to yourself and copied to others, dated November 12, 1991.

**Mr Conway:** Do you want me to take an oath?

**Ms Jackson:** No.

**Mr Conway:** Are you sure?

**Ms Jackson:** Yes.

**The Chair:** That memo will be marked as exhibit 28.

**Ms Jackson:** Dr LeBlanc, you will have seen this memo in its unedited form. Let me just advise members of the committee that what has been blacked out is a piece of information which may well be in the public sphere and may well have come from the public sphere, but we have not yet been able to determine that, and out of an abundance of caution we have blacked it out. Dr LeBlanc, did you receive a copy of this e-mail?

**Dr LeBlanc:** Yes.

**Ms Jackson:** Around the time and date that it bears?

**Dr LeBlanc:** Yes.

**Ms Jackson:** It is shown as being copied to Tiina Jarvalt. Who is she?

**Dr LeBlanc:** She is the deputy minister's executive assistant.

**Ms Jackson:** Shelley Acheson; who is that?

**Dr LeBlanc:** I do not know her.

**Ms Jackson:** Marie Lorenzo; do you know who that is?

**Dr LeBlanc:** I believe she is on the minister's staff.

**Ms Jackson:** The Minister of Health?

**Dr LeBlanc:** Yes.

**Ms Jackson:** Catherine Gregoris?

**Dr LeBlanc:** She is on the minister's staff.

**Ms Jackson:** Susan Colley?

**Dr LeBlanc:** She is also on the minister's staff.

**Ms Jackson:** Jessica Hill?

**Dr LeBlanc:** She is a civil servant on secondment to the minister's staff.

**Ms Jackson:** On secondment to or from?

**Dr LeBlanc:** To.

**Ms Jackson:** Thank you. Now let me review with you the questions that are in the memorandum. First of all, number 1, "Have you by chance reviewed Dr Donahue's situation or had discussions directly with him regarding threshold exemptions?" What was the answer to that question as of that date?

**Dr LeBlanc:** To the first part of number 1, in general, yes. With respect to the second part, no, neither then nor subsequently.

**Ms Jackson:** Question 2, "Is Dr Donahue's situation...under review"—stopping there, what review do you understand that to be referring to?

**Dr LeBlanc:** I had interpreted—since everybody within the central structure was aware that the whole issue of thresholds was under review, my assumption was it was a review in the sense of what I was doing.

**Ms Jackson:** All right. "Is Dr Donahue's situation currently under review or are there aspects of his situation that warrant further investigation or assessment to determine if he is no different than"—I think "that" is meant to be "than"—"all of the other physicians who want exemption from the threshold?" As of that date, could you answer that question?

**Dr LeBlanc:** He was not unique. There were aspects of—

**Ms Jackson:** Sorry, Dr LeBlanc. At the moment I am not asking you what the answer would be, but were you in a position to answer that question as of that date?

**Dr LeBlanc:** Yes.

**Ms Jackson:** On the basis of information you had already received?

**Dr LeBlanc:** Yes.

**Ms Jackson:** Then the third question is: "What are the implications for dermatological services in Sudbury and area if Dr Donahue closes his operation? Will residents in Sudbury and area have suitable access (by some MOH or



international standard) to dermatological services?" Were you in a position to answer that question as of that date?

**Dr LeBlanc:** Yes.

**Ms Jackson:** The fourth question is, "What are the cost implications for OHIP if Dr Donahue's services are withdrawn from the Sudbury area?" Were you in a position to answer that question as of that date?

**Dr LeBlanc:** In part.

**Ms Jackson:** What further information would you need to be able to answer that question?

**Dr LeBlanc:** One, for example, would have had to have some sense of what in fact the range of services was that Dr Donahue was providing, because the degree of substitutability of the physicians who remained behind depended on what a physician closing down—what in fact he was closing down, because not all work is only doable by one kind of physician; other physicians can do similar work.

**Ms Jackson:** Is that the only other information you would need, apart from what you already had, to answer that question?

**Dr LeBlanc:** Some indication of the magnitude as well as the distribution of the work would be necessary to answer that question.

**Ms Jackson:** The distribution being the distribution in what terms?

**Dr LeBlanc:** Of what kinds of things was the individual doing.

**Ms Jackson:** So in terms of further information required in order to answer this memorandum, the only further information you would need is the information with respect to question 4 that you have just described.

**Dr LeBlanc:** I think that one can give an answer to 3. A more precise 4 refines the answer to 3. I mean, the questions are not totally freestanding and independent.

**Ms Jackson:** As of the time you received that memorandum, Dr LeBlanc, had you received from OHIP any specific financial information about Dr Donahue's billings?

**Dr LeBlanc:** No.

**Ms Jackson:** As of that date did you know that Dr Donahue was on the underserviced area program?

**Dr LeBlanc:** I believe so, but I am not certain. I was responsible for the underserviced area program for some seven or so years so I had a lot of knowledge about individuals, but I do not know whether I had it crisply in my mind at that time.

**Ms Jackson:** You knew of course that he was a dermatologist, and we have seen from the interview of November 8 that he has an interest in epilation services.

**Dr LeBlanc:** Yes.

**Ms Jackson:** Was the rest of the information you received information from the public file?

**Dr LeBlanc:** And also the letters.

**Ms Jackson:** And his letters.

**Dr LeBlanc:** Yes.

**Ms Jackson:** Did you give any instructions with respect to how this memo should be handled and to whom?

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**Dr LeBlanc:** I was going to be away the next day. I had asked Diane McArthur, my assistant, to get together material and when I left on Tuesday she agreed that that is what she was going to do.

**Ms Jackson:** Tuesday being the 12th?

**Dr LeBlanc:** Yes.

**Ms Jackson:** Did you give her any instructions as to what material to assemble?

**Dr LeBlanc:** Not beyond what was in here, that I recall.

**Ms Jackson:** Did you tell her which questions you needed further information for?

**Dr LeBlanc:** No I did not, that I can recall.

**Ms Jackson:** Did you tell her where to assemble the information from?

**Dr LeBlanc:** The implication of the conversation was that she was to speak to OHIP, but the letters and other material were already extant in her office.

**Ms Jackson:** All right. Now, Dr LeBlanc, could you look at exhibit 11, which is a transcript of Dr Donahue's interview on the morning of the 13th in CBC Sudbury, and can you give the committee your best recollection as to when you—first of all, have you seen that?

**Dr LeBlanc:** Yes.

**Ms Jackson:** What is your best recollection as to when you first saw it?

**Dr LeBlanc:** I do not have a date-related time in which I read this, but all such material was of significance to me, so if it was available to me, I am certain I read it as soon as it was available to me.

**Ms Jackson:** Which would likely be the next morning?

**Dr LeBlanc:** If it came in the regular distribution, it would have been the day later. If some extraordinary—well, since I was not there on the Wednesday in any case, even if it had been acquired by extraordinary means I was not there to do it. So, yes, very close to this date for sure.

**Ms Jackson:** Were you in your office at all on the 13th?

**Dr LeBlanc:** Yes, I passed through when I came back from the joint management committee meeting. I came back to meet with the person I was going to have my next meeting with and then went to that meeting.

**Ms Jackson:** And when was that?

**Dr LeBlanc:** It was the end of the workday, and then I met the person I was going to meet with and then we left.

**Ms Jackson:** Then, sir, could I ask you to look at—I ask the clerk to put in front of you and circulate to members of the committee a memorandum of November 13 at 2:46 pm.

**The Chair:** That will be marked as exhibit 29.

**Ms Jackson:** This is from Susan Colley to yourself and others. You received a copy of that memorandum?

**Dr LeBlanc:** Yes.

**Ms Jackson:** And whenever we see a memorandum in this format, Dr LeBlanc, an interoffice memorandum set up this way, may we take it that it is an e-mail?

**Dr LeBlanc:** Yes.



**Ms Jackson:** And does that mean that you would have seen it in electronic form or hard form or both?

**Dr LeBlanc:** It could have been either. It is available on my system electronically, not at the time it is created but at the time it is sent. From time to time paper copies are taken from the electronic because I need to have a hard copy of it. I do remember reading this; I do not remember in which form I read it.

**Ms Jackson:** Susan Colley is the Treasurer's executive assistant?

**Dr LeBlanc:** No, she is the Minister of Health's executive assistant.

**Ms Jackson:** I am sorry. Is it a fair reading of this memorandum that the question that is here being asked is for your secretariat to respond to?

**Dr LeBlanc:** Reasonably, that would be the case. It is sent to two other people, so I assume to the extent they had something to contribute they were being invited to, but the person most responsible for such information is myself.

**Ms Jackson:** In the last paragraph it reads, "The Treasurer has urgently requested briefing notes on Dr Donahue's actual position." Do you agree, Dr LeBlanc, that a fair reading of that might be, from someone who reads it from the outside at least, that the Treasurer is asking for specific financial information about Dr Donahue?

**Dr LeBlanc:** That is one interpretation. It may also be, is he in fact affected? In the health care and medical area, sometimes there is polemic and exaggeration and below that is fact. I do not know what was in the mind of either the Treasurer—but certainly people could assume that it was personal economic. I did not interpret it that way.

**Ms Jackson:** I am sorry, I did not hear what you—

**Dr LeBlanc:** I said, some people might assume that he meant the individual's personal economic circumstance. I did not interpret it that way.

**Ms Jackson:** And then the sentence goes on, "and a political response from the Ministry of Health." Reading that sentence together, it appears to indicate that the Treasurer is seeking a political response based on Dr Donahue's actual position. Is that fair?

**Dr LeBlanc:** Yes.

**Ms Jackson:** And a political response would be one that would deal with the political problem of Dr Donahue?

**Dr LeBlanc:** No, that would deal with a response that would be suitable for either the Treasurer or the minister to take. The agreement that was affecting Dr Donahue is between the government and the OMA. It is a government agreement, and it was creating difficulties that politicians had to manage. There was cumulative criticism about that component affecting availability of services, and an answer was needed from the Ministry of Health as to whether that was a realistic event and what might be the responses if Dr Donahue were in fact to decide to do what he said he was going to do, which was to close down his services.

**Ms Jackson:** So the political response that you think the Treasurer is seeking is simply a response?

**Dr LeBlanc:** Yes.

**Ms Jackson:** You do not attribute any particular meaning to the word "political."

**Dr LeBlanc:** The notion is that they were not interested in a technocratic answer listing, "Here are some raw facts." They were looking for an integrated answer that would respond to the natural issues that were being raised.

**Ms Jackson:** Does that mean a practical response?

**Dr LeBlanc:** Yes.

**Ms Jackson:** Then it says, "It would appear to me that this would fit within one of the 'creative' scenarios that the minister asked for suggestions on following the last minister's policy meeting." What is the reference there to creative scenarios?

**Dr LeBlanc:** The meeting that is referred to is the meeting preceding the issuing of the minister's letter that was sent to members of the Legislature and a variety of other people indicating her position on thresholds. At that meeting staff were instructed, since she expressed in the letter concern about service availability, that creative scenarios were to be developed in responding to difficulties that might arise as a result of that decision not to extend classes of exemption to the threshold. I can give you some examples, if that would be helpful.

**Ms Jackson:** Why do you not give us one or two?

**Dr LeBlanc:** Members who were here a number of years ago are aware that the Independent Health Facilities Act was passed, which provided a means of funding, on a non-fee-for-service basis, the infrastructure of clinics in community settings. There was also a great deal of work that had been going on on alternative payment schemes. I think we have some 200 such contracts of various stripes in which other than fee-for-service models were developed for the maintenance of services. So those were two, one a legislative and one a pragmatic negotiating option, and we were to be examining those, and there are others, in order to respond to particular cases that were adversely affected in a way that was considered to be important to the ministry. We would have some way of maintaining services in the affected communities.

**Ms Jackson:** Dr LeBlanc, you were back in your office on the evening of the 13th. Was anything done at that time to respond to either Larry Corea or Susan Colley with respect to the contents of exhibits 28 and 29?

**Dr LeBlanc:** I have no recollection of being aware of the Colley memorandum on that day, but in any case I did nothing on the issue of thresholds. My mind had moved on to my next task for the day, so I just came there to get the person I was going to my next meeting with and then left for that meeting.

**Ms Jackson:** Were you back in your office on November 14th in the morning?

1040

**Dr LeBlanc:** That is the Thursday morning, yes?

**Ms Jackson:** Yes. Was anything done to respond to them at that time?

**Dr LeBlanc:** Yes.

**Ms Jackson:** What was done?



**Dr LeBlanc:** Diane McArthur, my assistant, came in and brought to my attention, since I had not read my own electronic mail, material provided by Mr William Teatero from Kingston and copies of the memoranda to refresh my memory on the two.

**Ms Jackson:** The memoranda being exhibits 28 and 29?

**Dr LeBlanc:** The one from Corea and—yes. We had a discussion. I gave her some instructions, and about that time another meeting started and she carried out my instructions.

**Ms Jackson:** The communication she had received from William Teatero is one that was a two-page memorandum timed 11:41 am from Mr Teatero to Ms McArthur, 11:41 on the previous day?

**Dr LeBlanc:** I am assuming the 11:41 is correct. It was in the morning, I recall, but I do not remember the exact time. It sounds right. I mean, I am just saying that it was from him to her on the morning of—I assume 11:41 is correct.

**Ms Jackson:** It was a two-page electronic mail containing specific information about Dr Donahue, his billings and some comments thereon.

**Dr LeBlanc:** Correct.

**Ms Jackson:** You said you gave some instructions to Ms McArthur. What were those instructions?

**Dr LeBlanc:** On the assumption that the material had been sent to me through the appropriate routes, I was in the process of instructing her to take a copy of this to Mr Corea so that further discussions could take place. I went beyond that, however, and required her to mark it confidential—it had not been—and to black out names.

**Ms Jackson:** And how many copies did you instruct her to take to Mr Corea?

**Dr LeBlanc:** I did not instruct her on the number of copies. She has since told me that she took two copies.

**Ms Jackson:** And has she told you what she did with them?

**Dr LeBlanc:** Yes, she delivered them by hand, which was part of my instruction, directly into Larry Corea's possession.

**Ms Jackson:** What happened next in so far as the e-mail or its contents were concerned?

**Dr LeBlanc:** Around that time a meeting commenced in my office with Dr MacMillan, Helen Ambrose and Maurice Jones—Ambrose and Jones of the communications branch. Bob MacMillan, as a result of a copy given to him by somebody at the meeting, I believe it was Diane but it may have been the communications branch—it would appear that that was the first time that Dr MacMillan became aware of the memorandum from Bill Teatero. He read it, expressed concerns about it existing in that form, asked that it be recovered. I instructed Diane to recover the material. She recovered it from me, spoke to Larry Corea. Larry Corea delivered back the material to my office that had been given him and the meeting proceeded.

**Ms Jackson:** I am going to ask you a little bit more about that, but before I do, could I ask you to look at exhibit 13, Dr LeBlanc? That is a memorandum of Novem-

ber 13 from Denise Allen to a number of people, including yourself, which indicates that separately to be delivered are copies of the transcripts of the two Dr Donahue interviews that we have already referred to and the e-mail.

**Mr Page:** Can we have a copy? Ours has gone missing.

**Ms Jackson:** Dr LeBlanc, did you receive the package of material that is described there, namely, the two transcripts and the e-mail?

**Dr LeBlanc:** I do not recall the bundle as provided here arriving. I guess, as a result of what we have been talking about, I remember reading the elements. What I do not know is whether I read them as a result of this or as a result of the other flows of information. I do not have a recollection of having received a memorandum from Denise Allen.

**Ms Jackson:** But you have no particular reason to think you did not?

**Dr LeBlanc:** No. I just do not independently recall it.

**Ms Jackson:** You described Dr MacMillan's reaction to the contents of the e-mail. Is it fair to say that you did not share his level of anxiety about the e-mail?

**Dr LeBlanc:** Yes, that is correct.

**Ms Jackson:** But you deferred to his judgement on the point?

**Dr LeBlanc:** Yes.

**Ms Jackson:** Can you tell me specifically with respect to the retrieval of the e-mail what was done? Let me ask you first of all if you know whether the e-mail went to Paul Howard, who is shown as receiving it under exhibit 13.

**Dr LeBlanc:** I have no knowledge of whether it actually went to Paul Howard.

**Ms Jackson:** So you do not know if it was retrieved from him, obviously.

**Dr LeBlanc:** Whether the memorandum from Denise Allen went to Paul Howard?

**Ms Jackson:** The e-mail.

**Dr LeBlanc:** The only person outside of the meeting that I was in to whom my office delivered a copy was Larry Corea. No copy, that I am aware, was delivered to Paul Howard or any other person from my office.

**Ms Jackson:** Well, is it fair to say a reasonable reading of this exhibit 13 would suggest that the e-mail did go to all the people who are shown on the memorandum and copied on the memorandum?

**Dr LeBlanc:** That would be a reasonable inference, but I do not know if in fact it took place.

**Ms Jackson:** And certainly to the extent that people in your meeting on November 14 had seen this e-mail, they would be able to make that logical inference?

**Dr LeBlanc:** Yes. I mean, it would be reasonable to assume that that took place. I thought you were asking me, did I, independently of this memorandum, know that that happened.

**Ms Jackson:** All right. But based on this memorandum—

**Dr LeBlanc:** Oh, sure, sure.



**Ms Jackson:** It is likely, is it not, Dr LeBlanc, that you knew on the morning of November 14 that these people had likely received the e-mail?

**Dr LeBlanc:** No, for the reason that I do not recall having read this memorandum. Looking at the memorandum in front of me, it is reasonable to assume that all six people were aware of this memorandum, or it had been delivered to their office, this memorandum and whatever attachments. But I do not independently remember this being delivered, although I do independently remember the elements that this refers to and having read them.

**Ms Jackson:** So you might or might not have known on the morning of the 14th that these people probably got the e-mail?

**Dr LeBlanc:** That is correct. The people who I knew had it or had the information were the people in my office and, for a time, Mr Corea.

**Ms Jackson:** And the people in your office, once again—I am sorry—were who?

**Dr LeBlanc:** Myself, Dr MacMillan, Helen Ambrose and Maurice Jones.

**Ms Jackson:** Was Denise Allen in the meeting?

**Dr LeBlanc:** I remember her coming to my office door and leaving. I cannot remember the purpose of her visit. I have a sense that it was on the topic we were meeting about, but I do not remember it in any specific way.

**Ms Jackson:** And did Ms McArthur join your meeting?

**Dr LeBlanc:** She was in and out of the office. Part of her “in” was to deliver the material back and to retrieve material that she had put into the room; for example, she came in and took the copy she had given me away from me. But she was not part of the meeting; she was going about her work.

**Ms Jackson:** I understood from what you said earlier that part of her job is to in fact make sure you get the paper you are supposed to get.

**Dr LeBlanc:** That is correct.

**Ms Jackson:** So that whether or not you saw this as it was delivered, it is extremely likely that Ms McArthur saw it when it was delivered.

**Dr LeBlanc:** Yes.

**Ms Jackson:** And it is extremely likely that she knew by the morning of the 14th that these people, as listed on exhibit 13, had all received copies of the e-mail.

**Dr LeBlanc:** Yes.

**Ms Jackson:** All right. And I take it from what you have said that you did not make any inquiries of people in the meeting as to who they thought or knew had received copies of the e-mail.

**Dr LeBlanc:** I did not.

**Ms Jackson:** And nobody else did either.

**Dr LeBlanc:** I have no recollection of that being a topic of conversation.

**Ms Jackson:** So you could not tell us whether Ms Jarvalt got a copy of the e-mail or whether it was recovered.

**Dr LeBlanc:** No, I could not.

**Ms Jackson:** Or whether Mary Doyle got a copy of the e-mail, or whether it was recovered.

**Dr LeBlanc:** No, I cannot.

**Ms Jackson:** Who is Mary Doyle?

**Dr LeBlanc:** Mary Doyle is an administrative assistant in the deputy minister's office. She works for Tiina Jarvalt.

**Ms Jackson:** The only one that you know specifically was recovered then, Dr LeBlanc, would be the one from Larry Corea. Do you recall that being returned?

**Dr LeBlanc:** Yes. Larry came personally to the door and turned over the material and stayed and talked for a while, and then left.

**Ms Jackson:** What material did he turn over, and to whom?

**Dr LeBlanc:** He returned the material that Diane McArthur had delivered to him some minutes earlier, 20 minutes or a half-hour earlier. I do not remember whether he gave it to me, Bob MacMillan or her, only that it was destroyed at that time.

1050

**Ms Jackson:** Do you remember, physically, what it was he handed to you?

**Dr LeBlanc:** Yes, he handled a sheaf of paper that looked like e-mails with black marks on it, and it was destroyed. I did not take the time to specifically read it at that time.

**Ms Jackson:** Do you know how many e-mails he had when he returned them?

**Dr LeBlanc:** My understanding is that he was provided with two identical copies.

**Ms Jackson:** That is your understanding from Ms McArthur.

**Dr LeBlanc:** Yes.

**Ms Jackson:** Do you recall when he came back into the room and handed back the e-mails how many you saw him returning?

**Dr LeBlanc:** No, I do not have a crisp recollection of that.

**Ms Jackson:** But it was at least more than one?

**Dr LeBlanc:** Yes.

**Ms Jackson:** All right. And did Ms Ambrose have a copy of the e-mail?

**Dr LeBlanc:** It is my recollection that all four in the room at some time in the first part of the meeting had copies. Whether they brought them with them or it was shared material, I do not remember.

**Ms Jackson:** What happened to those copies?

**Dr LeBlanc:** Bob MacMillan retrieved them and I believe he destroyed them, but I did not actually see him destroy them.

**Ms Jackson:** What happened to Ms McArthur's copy of the e-mail?

**Dr LeBlanc:** She informed me that she had destroyed it. In fact, that was, I understand, her first act before she went any further.



**Ms Jackson:** Did you understand that a copy of the e-mail was also sent to Denise Allen?

**Dr LeBlanc:** Yes, I understood that at that time.

**Ms Jackson:** What happened to her copy? Do you know?

**Dr LeBlanc:** I have no idea.

**Ms Jackson:** Whose responsibility was it, Dr LeBlanc, to retrieve the copies of the e-mail?

**Dr LeBlanc:** I think that was more than one person's responsibility. I certainly felt a responsibility to see that the copies that emanated from my office were retrieved pursuant to Bob MacMillan's decision. Since two members of the communications branch were present, I assumed they understood as I did Dr MacMillan's view and acted on it. But I do not know exactly what they did, nor did I inquire.

**Ms Jackson:** Dr LeBlanc, we have seen that an account of this meeting found its way into the press in a Sun article on December 11, marked as exhibit 18. I know you are familiar with that article.

**Dr LeBlanc:** Yes.

**Ms Jackson:** Do you have any idea how an account of this meeting found its way into the press?

**Dr LeBlanc:** None.

**Ms Jackson:** Is it a fair inference, Dr LeBlanc, that it would have to have been from either one of the people in attendance or someone to whom they spoke?

**Dr LeBlanc:** Yes.

**Ms Jackson:** Just while we are on that subject—because December 11 is a convenient date—throughout this period, up to December 10, I guess, when the interview would have been had, did you know personally whether or not Dr Donahue's billings were under review in OHIP or had been referred to the MRC?

**Dr LeBlanc:** No.

**Ms Jackson:** Now I would like to ask you, Dr LeBlanc, what your role is with respect to briefing elected politicians outside the ministry.

**Dr LeBlanc:** I have had such responsibility over the year and I continue to have it from time to time, although the preponderance of my briefing activity is to the government of the day.

**Ms Jackson:** Whether within your ministry or outside your ministry.

**Dr LeBlanc:** Yes.

**Ms Jackson:** With respect, are there any constraints on what you can brief those people on?

**Dr LeBlanc:** Yes.

**Ms Jackson:** What are they?

**Dr LeBlanc:** The scope of what one can brief a minister on is far more expansive when one briefs the minister of the ministry that one is in. When one goes beyond that, there are restrictions under the freedom of information act, unless one invokes some of the exempting provisions from providing information outside the ministry. That has, in practice, not been an issue, because the kinds of constraints that are provided have not, in my experience, been

a handicap to briefing ministers, because the level of issue that they are concerned with does not require, in the normal course of events, highly detailed information.

**Ms Jackson:** When you moved to the briefing of ministers outside your own ministry, are you speaking there of briefings with respect to matters that affect the other ministries or of matters that affect issues in the constituencies of other ministers or both?

**Dr LeBlanc:** I have had relatively little to do with other ministers about issues that were peculiar to their constituencies that were not at the same time a matter of government-wide interest. So I have not, in the nature of my work, been dealing with constituency issues that were peculiar to the constituency, but rather constituencies as examples of a bigger issue.

**Ms Jackson:** Do you have any role in briefing elected politicians outside of the ministry?

**Dr LeBlanc:** At least for the last two governments, considerable emphasis has been placed by both governments on responding to all members of the Legislature seeking information within the bounds of what is permissible. From time to time during the time of the Conservatives, such briefings took place, but not with the frequency subsequent to the arrival of the Liberals.

**Ms Jackson:** Now, we have seen the request you received to provide information to respond to an issue the Treasurer was concerned about. Did you speak to the Treasurer to brief him on this issue in or around that time?

**Dr LeBlanc:** No, I did not.

**Ms Jackson:** Did you speak to him about any of the matters raised in the e-mail of November 13 from Mr Teatero?

**Dr LeBlanc:** No, I did not.

**Ms Jackson:** We have heard from Dr MacMillan that you and he and Shelley Martel and Floyd Laughren and Sharon Murdock and others met with some cardiologists in Sudbury on November 30. You recall that?

**Dr LeBlanc:** Yes.

**Ms Jackson:** I want to ask you to identify some correspondence leading up to that meeting, Mr LeBlanc, if I could ask the clerk to give it to you and to other members of the committee. First of all, a memorandum of November 20, 1991, 2:29 pm, from Larry Corea to yourself and others.

**The Chair:** Exhibit 30.

**Ms Jackson:** And then a memorandum of November 20, 1991, at 3:54.

**Dr LeBlanc:** Yes, I have now read it.

**Ms Jackson:** You received the one at 2:29?

**Dr LeBlanc:** Yes.

**Ms Jackson:** That will be exhibit 30.

**The Chair:** Yes, the memo of 2:29 is exhibit 30, and the memo of 3:54—

**Ms Jackson:** Have you seen that, Mr LeBlanc?

**Dr LeBlanc:** Yes.

**Ms Jackson:** That will be exhibit 31, Mr Chair.

**Mr Page:** We have not got 3:54 yet.



**The Chair:** It is coming.

**Ms Jackson:** Then a memorandum of November 20, 1991, at 4:28.

**Dr LeBlanc:** Yes. I have seen the 3:54 one on the 20th, yes.

**Ms Jackson:** Thank you.

**The Chair:** The memo of 4:28 is marked as exhibit 32.

**Ms Jackson:** Did you receive the one at 4:28?

**Dr LeBlanc:** Yes. Thank you.

**Ms Jackson:** And last, one of November 28 at 12:44, from Larry Corea to Dr MacMillan, apparently copied to you, and I am going to ask if you received a copy of that.

**The Chair:** That will be marked as exhibit 33.

**Ms Jackson:** Looking at exhibit 33, I had asked your counsel if we could try to track down the e-mail referred to in the first sentence. Are you able to indicate whether we have yet had any success on that?

1100

**Dr LeBlanc:** Which memo are we referring to?

**Ms Jackson:** This is the last one of the 28th. "Bob, I have spoken with David Sword in Minister Martel's office and passed on the key points in your e-mail."

**Dr LeBlanc:** I assume the "your" refers to Bob MacMillan. Nobody asked me. I do not think I have a copy of such—I am advised that we have not got it yet.

**Ms Jackson:** All right. Could you continue efforts to obtain a copy of it and provide it to us, please? Thank you. David Sword is who?

**Dr LeBlanc:** It says this person works with Ms Martel.

**Ms Jackson:** Did you know that, apart from this e-mail?

**Dr LeBlanc:** I think I knew it eventually. I do not—David Sword does not leap off as a significant person.

**Ms Jackson:** It was Dr MacMillan's evidence that David Sword, I believe, was in Sudbury on December 5.

**Dr LeBlanc:** Yes, I believe that is—

**Ms Jackson:** Do you recall meeting him then?

**Dr LeBlanc:** Yes, I think so. I am terrible with people's names. There was a gentleman from the ministry staff at the meeting. It sounds like it was David Sword, but I am not really certain.

**Ms Jackson:** All right. It would appear from these e-mails, Dr LeBlanc, and certainly the first one, exhibit 30, that the political situation in Sudbury was heating up to some extent. Was that a fair reading at that time?

**Dr LeBlanc:** Sudbury was the only part of the province in which there was concerted effort around the issue of the physicians' agreement. The rest of the activity was case by case. In this case, there was organized—so yes, it was hotter than other parts of the province.

**Ms Jackson:** And getting a little hotter near the end of November.

**Dr LeBlanc:** Yes.

**Ms Jackson:** Was Dr Donahue becoming, as it would appear from exhibit 30, one of the focuses of that political situation?

**Dr LeBlanc:** Yes.

**Ms Jackson:** Now, just to deal with this, in the second paragraph there is an indication that Dr Donahue might open his books to the ministry. To your knowledge, did that occur?

**Dr LeBlanc:** To the best of my knowledge, no substantive meeting with Dr Donahue took place, so I think not.

**Ms Jackson:** Now, the last paragraph of that e-mail indicates that Larry Corea would like to be able to inform Ms Martel's and Mr Laughren's office, as well as Ms Murdock's, when the meeting with area specialists and the meeting with Dr Donahue would take place. Were you being asked to set up those meetings?

**Dr LeBlanc:** There was confusion around the time because there were requests coming from Sudbury through Dr MacMillan's office to go to Sudbury and have some meetings, and there were requests coming through ministers' offices to have a meeting. And to cut to the end of it, there were two meetings which, at the time of these memoranda, we were unaware were trying to be set up, and they were on different dates. There was a meeting in a public forum being set up on Thursday.

**Ms Jackson:** December 5?

**Dr LeBlanc:** Yes, and there was a meeting of a more restricted membership on the Saturday. Dr MacMillan was doing the organizing and he was trying to arrange that there would only be one meeting. And the reason that you see the memorandum from the deputy was that it was finally made clear that the only meeting the local members could attend was the Saturday meeting, and yet there was going to be a Thursday meeting notwithstanding; and so we were going to have to attend two meetings, and that is what we did.

**Ms Jackson:** From Dr MacMillan's evidence, we know the Saturday meeting was a meeting with some cardiologists of the local hospital.

**Dr LeBlanc:** Yes, it was a more restricted meeting, that is what I was—

**Ms Jackson:** And the subsequent meeting on December 5 was with the larger medical fraternity in Sudbury.

**Dr LeBlanc:** That is exactly correct.

**Ms Jackson:** But this last paragraph is not, as I read it, Dr LeBlanc, speaking about either of those. It is talking about setting up an individual meeting, first of all with an area specialist and a meeting with Dr Donahue individually.

**Dr LeBlanc:** Yes, and our efforts were in fact to satellite those meetings around the other trips. I, for example, on the Thursday meeting, met for a short time with a physician. On the Saturday meeting we spoke to a physician in the community. So the individual ones, we were just trying to organize a meeting agenda and, in the end, we did very little except attend the two main meetings because people were not available.

**Ms Jackson:** Is it a normal request to ask the ministry to set up meetings with individuals for local MPPs?



**Dr LeBlanc:** Yes. I, for example, just attended such a meeting at the request of a member of the Conservative Party in the last 10 days.

**Mr Conway:** Could we have that repeated? I was distracted by the exhibits.

**The Chair:** Order.

**Ms Jackson:** Dr LeBlanc, I am going to leave whatever follow-up there may be from that answer to anyone who wants to pursue it. May I go on to—

**Dr LeBlanc:** I mean it was a perfectly—

**Ms Jackson:** I am sorry, Dr LeBlanc. I do not mean to suggest there was anything improper.

Interjections.

**Ms Jackson:** May I just move on, please, to the—

**The Chair:** Order. Ms Jackson.

**Ms Jackson:** Thank you, Mr Chairman. Dr LeBlanc, in the period prior to November 30, and having in mind this increasingly political situation in Sudbury, I understand you spoke a number of times to Shelley Martel to brief her.

**Dr LeBlanc:** Yes.

**Ms Jackson:** Do you recall how many times?

**Dr LeBlanc:** My sense is it was around three times.

**Ms Jackson:** Do you remember when?

**Dr LeBlanc:** Only that it was in the workday. I do not have a sense that it was out of business hours, but I do not have any specific recollection of the times.

**Ms Jackson:** But is it fair to say that it was probably in the week or two prior to the November 30 visit?

**Dr LeBlanc:** Yes. It was linked to the going to Sudbury for the meeting that she was going to chair.

**Ms Jackson:** For how long would you have spoken to her on each of those two or three occasions?

**Dr LeBlanc:** Under 10 minutes.

**Ms Jackson:** What is your best recollection of what you said to Shelley Martel?

**Dr LeBlanc:** She was keen to understand in some fluent way the provisions of the agreement. She was also wanting to understand what options might be available around the maintenance of cardiovascular care in the Sudbury area, which was in fact going to be the subject of the discussion on Saturday morning.

**Ms Jackson:** Do you have any more specific recollection of what you were talking to her about?

**Dr LeBlanc:** Those are two specific areas but, beyond that, I have no recollection of other matters being talked about.

**Ms Jackson:** Did you have any discussions with her concerning Dr Donahue and his situation?

**Dr LeBlanc:** In the telephone conversations, I think not.

**Ms Jackson:** You do not?

**Dr LeBlanc:** I think not. I think I did not. The discussions were very much focused on the meeting which was somewhat specifically focused on cardiovascular care and was going to have her as chair. She was quite focused on

the task that she had before her, which was to chair this meeting in a rather charged environment.

**Ms Jackson:** You made the reference there to “not in telephone conversations,” and we know you met with her and others on November 30, and I will come to that.

**Dr LeBlanc:** Yes.

**Ms Jackson:** Prior to that meeting on November 30 did you have any face-to-face discussions with Ms Martel—

**Dr LeBlanc:** No.

**Ms Jackson:** —of a briefing or other nature?

**Dr LeBlanc:** No.

**Ms Jackson:** In the course of those discussions on the telephone first, the telephone conversations before the visit, did you discuss in any way the number of practitioners who were affected by the threshold in her area?

**Dr LeBlanc:** I think it was during that period, but if not, it was soon after. She was interested in the magnitude of the application of the agreement to the north in general and to her more immediate area of Sudbury specifically, and she asked that general question and I believe I answered it.

**Ms Jackson:** Does the answer disclose any personal information?

**Dr LeBlanc:** No.

**Ms Jackson:** What answer did you give her?

**Dr LeBlanc:** The answer has to be based on estimates, and depending on when I answered, the answer was that there were going to be around 17 physicians in the Sudbury basin—35 in the northeast, as I recall—and that in the Sudbury basin it was split around four general practitioners and 13 specialists who had the potential to be affected. I must emphasize that we can only estimate because the year in fact had not unfolded.

1110

**Ms Jackson:** Dr LeBlanc, you gave me this morning, and I guess I had asked the clerk to distribute to members and to you a copy of an e-mail from Mr Teatero to Diane McArthur, which appears to deal with this subject—

**Mr Conway:** Careful now.

**Ms Jackson:** —dated December 5, 1991, at 9:36.

**The Chair:** That will be marked as exhibit 34.

**Ms Jackson:** Dr LeBlanc, can you describe the information that is contained under the heading, “Sudbury City,” and how it was derived?

**Dr LeBlanc:** Yes. This was the morning of the day that we were going to the public meeting. Material had been prepared the previous day and had been duplicated for handing out on the 5th. I wanted to have additional information. I do not know whether I personally spoke or had someone else speak, and I asked two questions. One was to have additional for-instances to have available to discuss the application of the thresholds—and that is at the bottom of the first page and at the top of the second page—and I asked for the current estimate of physicians being affected by the threshold in the Sudbury area, expecting that might be a question I would be asked, and I wanted to be sure I had the numbers right.



**Ms Jackson:** With respect to the two case studies for the general surgeon and the cardiologist, are those actual examples?

**Dr LeBlanc:** Yes, they are.

**Ms Jackson:** Brought from where?

**Dr LeBlanc:** The instructions were to provide actual examples from southern Ontario for a year. In point of fact, due to a technical glitch, they actually are cases based on seven months and not a full year, but nevertheless, for the purposes, that is a technical effect. So in effect, these are not any physician, although they were based on parts of years of seven real physicians in the Metro area.

**Ms Jackson:** Forecast for the balance of the year?

**Dr LeBlanc:** No, they were not. I had thought they were, and I subsequently learned that, for technical reasons, they were not expanded to reflect a full year. These actually reflect seven months.

**Ms Jackson:** Now, going back to the question of the makeup of the physicians and the physicians over threshold in Sudbury, how were those numbers derived?

**Dr LeBlanc:** We were moving into the month of December. It would have been the first time in which any threshold moneys would have been withheld from any physician in Ontario, so the people in Kingston had been gearing up. They had begun various estimates in preparing to implement any decision, and by the time we got to December, they had an indication of who would actually be affected and estimates for the remainder of the year of those who would additionally be affected. This represents the sum of that projection.

**Ms Jackson:** And is this the first time you were aware of that breakdown of the effect in Sudbury?

**Dr LeBlanc:** No. The thing is, there had been a discussion of geographic distribution, but the kind of information I was keeping in my head was that on a provincial basis it was somewhere between 1% and 2% of physicians affected, certain types of specialists more than other types, but I wanted to be sure that I would have an answer specific to Sudbury, since I was going to Sudbury, and I had asked it and then I wanted it in writing, and I got it in writing.

**Ms Jackson:** So do I take it from that, Dr LeBlanc, that while you got this written answer on December 5, you might have provided information of this general nature to Ms Martel before that?

**Dr LeBlanc:** I am almost certain that I did do that.

**Ms Jackson:** Is that information publicly available?

**Dr LeBlanc:** It is available to anyone who asks. Some of it on a more aggregate level was in fact distributed in the meeting on that day, the 5th.

**Ms Jackson:** On December 5?

**Dr LeBlanc:** December 5, yes.

**Ms Jackson:** Then can I take you to November 30, when you were in Sudbury? You went up the night before, did you?

**Dr LeBlanc:** Yes, we were there Friday afternoon. We were trying to meet physicians in practice. We were unable to do so, so we met with our host for the next day's meeting,

had dinner and then we started our day at breakfast the next day.

**Ms Jackson:** And the next morning we know that you were joined by Ms Martel, Mr Laughren and Ms Murdoch. Were they present on the Friday?

**Dr LeBlanc:** No.

**Ms Jackson:** And then turning to Saturday morning, in addition to the three members I have just mentioned, you had with you, as I understand it, Dr MacMillan and Mr Belyea?

**Dr LeBlanc:** That is correct, and there were also a few other people. The federal local member also attended, and that is where, when you asked me about David Sword—one of the minister's staff was present. It was probably David Sword, but I cannot remember that for certain. He sat at the end of the table and—

**Ms Jackson:** I think I may have suggested to you that David Sword was present on the 5th. I do not know.

**Dr LeBlanc:** One of the members' aides was at the meeting, and I do not remember who. He sat at the end of the table and did not participate in the discussions.

**Ms Jackson:** Do you know whose aide he was?

**Dr LeBlanc:** I do not remember.

**Ms Jackson:** All right. So at the breakfast meeting we have Ms Martel, Mr Laughren, Ms Murdoch, yourself, Mr Belyea, Dr MacMillan, an aide, Mr Rodriguez.

**Dr LeBlanc:** Yes.

**Ms Jackson:** Anyone else?

**Dr LeBlanc:** No, I think not.

**Ms Jackson:** Was there any discussion, during that breakfast meeting, of Dr Donahue?

**Dr LeBlanc:** I think there was an allusion to it, but this meeting started a bit late and we were expected at a meeting that had 30-some people at it. Once again, the conversation was very much focused on the cardiovascular issue, particularly because of the piquancy of the care and because one of the members of the group had actually received care and was quite concerned that we focus our minds on cardiovascular care in Sudbury. Mr Rodriguez had had a heart attack and sort of served as the practical example of the importance of cardiovascular care in Sudbury.

**Ms Jackson:** Do you remember anything being said about Dr Donahue at all?

**Dr LeBlanc:** I think there was a reference but it was not pursued, except alluding to him. I mean, he is a very public figure in Sudbury.

**Ms Jackson:** Do you remember what the reference was?

**Dr LeBlanc:** No. My sense was an en passant reference. We were focused on preparations for the meeting that was 40 minutes from the time we started the meeting. We were on a fairly tight schedule.

**Ms Jackson:** Then you had your meeting with cardiologists, and I take it Dr Donahue was not there?

**Dr LeBlanc:** No, he was not.

**Ms Jackson:** Was Dr Donahue's situation discussed in that meeting?



**Dr LeBlanc:** I think not. Well, I should not say that. The meeting was discussed on two levels; 99% of it was on the issue of cardiovascular care. Because of the attendance of the local medical society and because of the concern of the physician who made the presentation that the cardiovascular physicians not be seen to be too self-interested, there was an end of the speech saying: "And there are other physicians than us. We are only here to talk about ourselves, but you should be aware that there are other physicians."

At least to that degree Dr Donahue and other physicians in the Sudbury area and in the north were alluded to. But on the basis of the notes and my recollections, it was very much focused on cardiovascular care and the associated specialties. Dermatology is not part of the package of medical services necessary for cardiovascular care.

**Ms Jackson:** Dr LeBlanc, you said "on the basis of the notes." What notes are you speaking of?

**Dr LeBlanc:** I took notes at the meeting in Sudbury on the data about cardiovascular disease, on the number of cardiovascular services and so on. I have not looked at them for quite a few months, but in preparation for policy work there was nothing I recall in them that dealt with Donahue.

**Ms Jackson:** All right. Would you review your notes, Dr LeBlanc, and if there is any mention of Dr Donahue at all—

**Dr LeBlanc:** Sure.

**Ms Jackson:** —produce them through your counsel to the committee, please. Did you make any notes of the breakfast meeting?

**Dr LeBlanc:** No.

**Ms Jackson:** Then after the meeting with cardiologists you had lunch with Ms Martel?

**Dr LeBlanc:** Yes.

**Ms Jackson:** And that was a lunch with yourself, Dr MacMillan and Mr Belyea?

**Dr LeBlanc:** Yes.

**Ms Jackson:** Was anyone else in attendance?

**Dr LeBlanc:** No, just the four of us.

**Ms Jackson:** Was there any discussion, during that luncheon meeting, of Dr Donahue?

**Dr LeBlanc:** Yes.

**Ms Jackson:** Do you recall what was said?

**Dr LeBlanc:** It was more by way of exclusion. Ms Martel, while talking generally about her concerns about the effect of the agreement on northern physicians, drew by comparison that if solutions had to be developed—because she was aware of the financial implications of various types of solutions. She stressed that it was her sense that the priority area lay in the cardiovascular area rather than in community-based practices. Dr Donahue was an example of a community-based practice. So in that sense it was talked about, but not in any sort of detailed sense. Once again, after a heated four hours talking about life-and-death matters, the focus of the conversation was around cardiovascular care in Sudbury.

**Ms Jackson:** Is it possible that there was any conversation between Ms Martel and anyone else over lunch that you did not hear?

1120

**Dr LeBlanc:** I think we arrived together, ate together and left together. When there are four people at a table I guess there can be two conversations going on at the same time, but I do not think there was a conversation that I was not able to hear; it was a small table, with four of us.

**Ms Jackson:** Did you speak to Ms Martel following that meeting in Sudbury prior to your attendance in Sudbury on December 5?

**Dr LeBlanc:** My recollection is yes.

**Ms Jackson:** When?

**Dr LeBlanc:** Subsequent to that, she asked from time to time about what progress might have been made, what we were going to do on the Thursday. She was quite concerned that she would be unable to be there. Since she was going to be in northwestern Ontario, she was concerned that if any material was going to be provided she could have it as well, and that was done.

**Ms Jackson:** How many times did you speak to her?

**Dr LeBlanc:** My sense was a couple a times.

**Ms Jackson:** Do you recall any discussion and can you be of any greater assistance as to when during that period you spoke to her?

**Dr LeBlanc:** No.

**Ms Jackson:** Were these telephone calls?

**Dr LeBlanc:** Yes.

**Ms Jackson:** How long were the telephone calls?

**Dr LeBlanc:** Just a couple of minutes.

**Ms Jackson:** Any discussion of Dr Donahue?

**Dr LeBlanc:** I do not think so.

**Ms Jackson:** You said that she wanted the material. We have marked, Dr LeBlanc, as exhibit 8 in these proceedings some material that was distributed to members of the media and others on December 5 in Sudbury. Have you seen that package of material?

**Dr LeBlanc:** Yes, I have. It was produced in my office; I mean it was collated in my office from material provided to me.

**Ms Jackson:** Did you provide a copy of that to Ms Martel?

**Dr LeBlanc:** Yes.

**Ms Jackson:** Did you provide her with any other written material?

**Dr LeBlanc:** No.

**Ms Jackson:** Now, on December 5 you attended in Sudbury with Mr Decter and Dr MacMillan?

**Dr LeBlanc:** Yes.

**Ms Jackson:** And was Paul Howard in attendance, do you know?

**Dr LeBlanc:** Yes.

**Ms Jackson:** What is Mr Howard's position?

**Dr LeBlanc:** They change, but my understanding was that he was her communications adviser.

**Ms Jackson:** Whose communications adviser?

**Dr LeBlanc:** The Minister of Health; sorry.

**Ms Jackson:** And was there anyone else from Toronto in attendance that went up with your group or that joined your group?

**Dr LeBlanc:** The deputy minister, Bob MacMillan, myself and Paul Howard.

**Ms Jackson:** Was there anyone from Ms Martel's office with you?

**Dr LeBlanc:** No.

**Ms Jackson:** Was there anyone from Mr Laughren's office with you?

**Dr LeBlanc:** No.

**Ms Jackson:** Was there anyone other than Paul Howard from the Minister of Health's office?

**Dr LeBlanc:** No, just the four of us were travelling as a party.

**Ms Jackson:** And your purpose in going up on December 5 was to attend this public meeting?

**Dr LeBlanc:** Yes.

**Ms Jackson:** When did you go up?

**Dr LeBlanc:** It was before dinner; my sense is around 3 o'clock or 4 o'clock in the afternoon. The meeting was scheduled, as I recall, for 8 o'clock, or maybe it was 7 o'clock, but it was just after dinner it was scheduled and we went before dinner.

**Ms Jackson:** Do you recall any discussion before the meeting among your group, which included Mr Howard, of Dr Donahue's situation?

**Dr LeBlanc:** No. I think our focus was very much around the deputy's goals, which are reflected in his speech, which were to try and deal with issues that had been raised and provide explanations where people lacked information.

**Ms Jackson:** Was Ms Murdock with you?

**Dr LeBlanc:** No, but she was at the meeting subsequently, as was, I believe, a representative from Mr Laughren's office, because he had intended to be there that night, but as a result of bad weather was unable to get out of Toronto.

**Ms Jackson:** Dr LeBlanc, could you look at exhibit 16, please? Those are notes that Dr MacMillan prepared with respect to this event. Do you have those notes, Dr LeBlanc?

**Dr LeBlanc:** Yes, I have them.

**Ms Jackson:** If you would turn over to the bottom of page 3, sir, where Dr MacMillan is recording what took place on the 5th, in the bottom paragraph. Perhaps you could read that for a moment, sir. The bottom, the last sentence, says: "A brief dinner meeting was held between Sharon Murdock, MPP, Esko Vaino and the three ministry representatives."

**Dr LeBlanc:** I was unaware that meeting was held. I was not there. I arrived late to the meeting. I was following

up with Dr Abdulla from the Saturday's meeting on cardiology and cardiovascular care.

**Ms Jackson:** I see. So you were not at this dinner meeting?

**Dr LeBlanc:** No, I was not. I was not aware that it had occurred. After we arrived I went with one of the individual doctors. I visited Dr Abdulla in his offices and arrived when the main meeting was already under way—without dinner, I might add, although Dr Abdulla did provide me with cookies and tea. I was not aware that this had taken place, nor was I at it.

**Ms Jackson:** Any discussion that you had before the meeting was limited to the flight up. Any discussion with other people in the ministry or other—

**Dr LeBlanc:** I bring to your attention that he refers to three representatives. There were four of us: me in one place and three here makes four of us. There was Dr MacMillan, Mr Decter, Paul Howard and myself. The reason he says "three ministry representatives" is that I was elsewhere.

**Ms Jackson:** You think that the three ministry representatives includes Paul Howard?

**Dr LeBlanc:** Yes, I would think so.

**Ms Jackson:** All right.

**Dr LeBlanc:** That is what the arithmetic comes out to be.

**Ms Jackson:** All right. We will have to check what Dr MacMillan said on that, but you are quite sure you were not at the dinner meeting?

**Dr LeBlanc:** Yes.

**Ms Jackson:** All right. Any discussion that you had with Paul Howard before the public meeting would have been on the trip up.

**Dr LeBlanc:** No. I had discussions with Paul Howard. Paul Howard played a role in helping to prepare the Sudbury package, along with the communications branch and others. I had not expected Paul Howard to be going to Sudbury, but we had talked about preparations for the meeting. He is the communications adviser. He reviewed the speech and so on and he was drafted at the last minute as having to go. I do not know why, but anyway he went at the last minute. I had not expected that he was going.

**Ms Jackson:** Did you, in the course of any of your discussions with Mr Howard prior to this meeting, discuss Dr Donahue?

**Dr LeBlanc:** I have no recollection of talking. Dr Donahue was not very much on my mind as a particular case throughout this. I do not recall having discussed it with Paul Howard or really anyone. We were clearly focused on the tasks at hand and not on sort of extraneous material.

**Ms Jackson:** Then the public meeting took place.

**Dr LeBlanc:** Yes.

**Ms Jackson:** Was Dr Donahue at the public meeting?

**Dr LeBlanc:** I do not know.

**Ms Jackson:** Did you ever meet Dr Donahue?



**Dr LeBlanc:** I think I have not, but there were between 250 and 300 people at that meeting. It is possible, but I do not remember having met the man.

**Ms Jackson:** Do you recall any discussion of Dr Donahue's situation in that meeting?

1130

**Dr LeBlanc:** In the many speeches that were made there were references to Dr Donahue by people who made speeches, yes.

**Ms Jackson:** Were there any references to Dr Donahue's financial situation?

**Dr LeBlanc:** Only, as I recall, in the sense that the effect of the agreement might lead him to abandon his practice in Sudbury as a result of the financial ramifications of the agreement, but not his personal compensation or anything like that.

**Ms Jackson:** Following the public meeting there was a further short get-together among the people who had come up from the ministry and others?

**Dr LeBlanc:** Yes.

**Ms Jackson:** And Ms Murdock was at that get-together?

**Dr LeBlanc:** Yes.

**Ms Jackson:** And yourself?

**Dr LeBlanc:** Yes.

**Ms Jackson:** And Dr MacMillan?

**Dr LeBlanc:** Yes.

**Ms Jackson:** And Mr Decter?

**Dr LeBlanc:** Yes.

**Ms Jackson:** And Mr Howard?

**Dr LeBlanc:** Yes.

**Ms Jackson:** Anyone else?

**Dr LeBlanc:** I think there may have been one more person, but I do not know who it was.

**Ms Jackson:** Dr MacMillan's note, you will see, makes reference to a David Sword.

**Dr LeBlanc:** It could be.

**Ms Jackson:** You have said you do not know who he is.

**Dr LeBlanc:** No, I do not remember it.

**Ms Jackson:** Was there any conversation in that short get-together afterwards concerning Dr Donahue?

**Dr LeBlanc:** The meeting was a unique experience for most of us—I suspect not for some—and the conversation was very much on the meeting and what might be the next steps, and among the next steps were that I was left behind.

**Ms Jackson:** For how long?

**Dr LeBlanc:** Until Sunday night.

**Ms Jackson:** You have told us what the conversation focused on, but specifically can you tell us whether you recall any discussion of Dr Donahue in the context of that meeting or otherwise?

**Dr LeBlanc:** No, I do not recall it.

**Ms Jackson:** When you stayed on you did not to your knowledge meet Dr Donahue?

**Dr LeBlanc:** I am only hesitating because there was an almost meeting on the Sunday morning which ultimately did not take place, so it may be that he was in that room. It was my understanding, at least for part of that time, that he was in Toronto and not in Sudbury, but I had no organized meeting in which I knew that he was where I was.

**Ms Jackson:** You returned from Sudbury on Sunday night?

**Dr LeBlanc:** Yes.

**Ms Jackson:** Following your return did you speak to Ms Martel?

**Dr LeBlanc:** Yes, the following morning.

**Ms Jackson:** How did that come about?

**Dr LeBlanc:** I called her.

**Ms Jackson:** Why?

**Dr LeBlanc:** She had been quite concerned about the meeting and was extra concerned that she was unable to attend it and had asked me to let her know how it went. When I called her she had already spoken to others who had been back in Toronto ahead of me and she was preoccupied by other matters, so the conversation was very short.

**Ms Jackson:** Did she say who she had already spoken to?

**Dr LeBlanc:** I think that she had been spoken to by Sharon and I think she had spoken to the deputy minister, but I do not know. It was clear that she did not feel the necessity for me to provide her with more information about the Thursday night meeting. It was also videotaped, and that may have been a basis for her seeing it because she returned to Sudbury, or I think she returned to Sudbury, prior to my talking to her on the Monday morning. That was my sense of it anyway.

**Ms Jackson:** You said she was preoccupied by other matters. Had you heard anything about those other matters when you called her?

**Dr LeBlanc:** No.

**Ms Jackson:** What did she say about them?

**Dr LeBlanc:** She was fairly cryptic. I had asked her, as part of the opening of the conversation, if she had had a pleasant trip in the northwest and she had indicated that she had been involved in some difficulties. I perhaps disingenuously probed. She was not forthcoming and I did not probe a second time.

**Ms Jackson:** Did she say anything at all about what the difficulties were?

**Dr LeBlanc:** I had a sense that she said something to the effect that she had spoken out of turn or had said something she ought not to have said, but at that stage it was clear that I had discharged my responsibility of completing my contract to let her know what had happened in a general way. She wished to move on to other matters, and she did.

**Ms Jackson:** Is that your best recollection of how she described the problem? Can you be any more specific about the words she used?

**Dr LeBlanc:** No, I cannot be any more specific, except that it was a clear non-wish to discuss it with me.

**Ms Jackson:** It was a clear—

**Dr LeBlanc:** A clear non-wish to discuss it with me.

**Ms Jackson:** Have you spoken to Shelley Martel since then?

**Dr LeBlanc:** Yes, later that day I spoke to her in a group outside of the cabinet chambers.

**Ms Jackson:** Who else was in the group?

**Dr LeBlanc:** Michael Decter, the Minister of Health, Sharon Murdock, transiently the Treasurer and Shelley. Unfortunately, not all were present at all of the times. I was at that session reporting on activities subsequent to the Thursday night meeting and seeking direction on what further work I should do.

**Ms Jackson:** Was there any conversation or discussion in the group of the incident in Thunder Bay?

**Dr LeBlanc:** Only a reference to the heat of it, but the meeting was being driven by my need to have instructions, and so that is where the focus of the discussion was.

**Ms Jackson:** You say there was a reference to the heat of it. Who said what?

**Dr LeBlanc:** I do not remember. We were sitting there trying to sort of catch ministers going in and out of policy and priorities board of cabinet. I was focusing on getting my instructions. Aside from an oblique reference to it being a rather heated affair, which was an understatement, of course, the issue was on what directions I should take for further policy work.

**Ms Jackson:** Was there any discussion in that group concerning Dr Donahue?

**Dr LeBlanc:** Not that I recall. I think in that particular context I would have recalled because it clearly would have been a forced issue because it was not relevant to the five-minute meeting that was taking place.

**Ms Jackson:** By that time were you aware of reports of what Ms Martel had said?

**Dr LeBlanc:** Yes. I had read the newspapers. Was it in the newspaper that day? Yes, I was aware, by whatever means, that—I know what it was. I had by that time spoken to Bob MacMillan and he had described to me the events of Friday, so I knew what had happened then.

**Ms Jackson:** What events of Friday?

**Dr LeBlanc:** The day following the Thursday meeting there was a meeting in Toronto on confidentiality at which both Decter and MacMillan were speakers. During Dr MacMillan's presentation he was questioned from the floor using what had taken place in Sudbury as a specific and Dr MacMillan, in his comprehensive style, described what had taken place.

**Ms Jackson:** When he told you what had taken place and what had been said were you able to identify the doctor?

**Dr LeBlanc:** I do not recall it being around the doctor. The thing that struck me that I recall was the irony of the circumstance that at a conference on confidentiality the issue would arise around any specific physician. I do not

recall it registering that it was specifically Dr Donahue or any other physician, but that it was around a specific physician did register. I do not recall that it was Donahue.

**Ms Jackson:** You do not recall, I am sorry?

**Dr LeBlanc:** I do not recall that it was Donahue. In that conversation I do not recall it. It was not very long after that I understood that was the reference.

**Ms Jackson:** Do you remember how you came to understand?

**Dr LeBlanc:** No.

**Ms Jackson:** Could you turn to exhibit 17 for a moment? Did you see that?

**Dr LeBlanc:** I have not seen this.

**Ms Jackson:** In the middle Mrs Dodds is quoted as saying that Ms Martel said: "I have seen his records. You will lose sympathy when you see the charges that we lay against him" and she used the word criminal." Is that what Dr MacMillan reported to you had been the question?

**Dr LeBlanc:** What he reported was that the issue was less detailed than this in the first discussion. His comments to me were that he had been—in a question, someone from the audience had referred to being party to a conversation in which discussions around a specific physician were made by Ms Martel and that she alluded to having seen specific information about the physician which she ought not to have seen. The material about "criminal" and so on, I had a sense that I read it in the newspaper.

**Ms Jackson:** Had she ever expressed views like this concerning Dr Donahue to you?

**Dr LeBlanc:** No.

**Ms Jackson:** Thank you, Dr LeBlanc. Those are my questions.

**The Chair:** Thank you, Ms Jackson. At this point in time, by request, I would like to move the committee for a short period of time into an in camera session. I would ask that those who have not sworn an oath of non-disclosure please leave. I would advise everyone that it is my intention that questioning of Dr LeBlanc by caucus members would take place after the lunch break, commencing at 2 pm.

**Mr Christopherson:** Could I just ask that you advise the media and the public just what it is we are going to do in camera? We cannot talk about the facts, but just a little more than, "Hey, we're going in camera."

Interjections.

**Interjection:** Go ahead.

**Interjection:** Come on, Mr Chair. It is full disclosure.

Interjections.

**The Chair:** On advice by counsel, the purpose for our in camera proceeding will be as a result of the exhibit marked number 28.

**Mr Wood:** Sean, why would you talk about a coverup?

**Mr Conway:** The sheets are coming off this bed, one by one.

The committee continued in closed session at 1141.



## AFTERNOON SITTING

The committee resumed at 1405.

**The Chair:** I call the afternoon session to order. At the end of the morning session, Ms Jackson had completed her questioning of Dr LeBlanc. Over the lunch break I understand that Dr LeBlanc has some further information to provide and there are some short questions by Ms Jackson on this matter, so I would open it up at that point, and then we will go rotation of caucus.

**Ms Jackson:** Dr MacMillan, before the lunch break you had indicated you would endeavour to obtain the e-mail that is referred to as being an e-mail from Bob MacMillan, and it is referred to in exhibit 33. I understand that in a review of the e-mails on your machine, the only one that appears to fit in the category of being an e-mail from Bob MacMillan in the material, period, is one that we have already marked. It is the e-mail of November 20, 1991, at 3:54 pm, the one that we have marked as exhibit 31. Is that correct?

**Dr LeBlanc:** I think there was a slight communications—of the three things I was to do, that was the one that I was unable to do, and I think Dr MacMillan's staff have the information. In any case, the referent memo has been passed on.

**Ms Jackson:** So it is the one we have already marked.

**Dr LeBlanc:** Yes.

**Ms Jackson:** Then I understand that over the lunch-hour you have determined that the press clippings file in fact kept in communications was not with respect to Dr Donahue generally, but with respect to an issue generally in which there were clippings concerning Dr Donahue.

**Dr LeBlanc:** Yes, that is what I was told.

**Ms Jackson:** And what is the issue that the press clippings—

**Dr LeBlanc:** It was the broader issue of issues in Sudbury. What I was told is they were removing and copying the sub-issue of Dr Donahue and that some time soon it would be brought over.

**Ms Jackson:** Okay, and I understand as well, sir, that you have reviewed your notes of the meetings on November 30 in Sudbury and have confirmed that there is nothing in there that relates to Dr Donahue.

**Dr LeBlanc:** That is correct.

**Ms Jackson:** And in your notes of November 30 you have drawn a picture of the table as it appeared at the breakfast meeting on Friday morning?

**Dr LeBlanc:** No. I have terrible trouble with people's names. That was the key players at the actual meeting at the hospital.

**Ms Jackson:** All right. In any event, as you indicated to me, you recalled over the lunch-hour that at the breakfast meeting people were far enough apart that it is possible there was a conversation with Shelley Martel and others that you might not have heard.

**Dr LeBlanc:** Yes, it is possible.

**Ms Jackson:** And I think you indicated to me as well that you recalled that on December 5, after the meeting which you did not describe in great detail but Dr MacMillan did as being extremely fractious, that those of you in your delegation repaired to the bar at the end of the evening.

**Dr LeBlanc:** Yes, in the hotel we were staying in, which was the Sheraton.

**Ms Jackson:** And that was a session I did not ask you about. Present in the bar were yourself, Mr Decter, Dr MacMillan, Sharon Murdock and possibly David Sword?

**Dr LeBlanc:** Yes, that is correct.

**Ms Jackson:** And do you recall any specific discussion over drinks in the bar that would in any way relate to Dr Donahue?

**Dr LeBlanc:** No.

**Ms Jackson:** Is it fair to say, though, Dr LeBlanc, that your focus on the 5th and on the 30th was very much more on cardiology than Dr Donahue?

**Dr LeBlanc:** Absolutely.

**Ms Jackson:** So is it fair, Dr LeBlanc, that if Dr Donahue's name came up, or information concerning him came up, it may not have been remarkable or noteworthy for you?

**Dr LeBlanc:** It would certainly have been far less remarkable than some other issues, that is for sure.

1410

**Ms Jackson:** All right. And then there was one further e-mail in the series that I marked with you this morning that I neglected to mark, which I just ask the clerk to put in front of you and pass to members, just so we have the complete package. It is an e-mail of November 28, 1991, 11:03 am from Dr MacMillan to yourself and others. Could you identify that e-mail, sir?

**Dr LeBlanc:** Yes, that was confirming the arrangements.

**Ms Jackson:** And that, Mr Chairman, could be exhibit 35?

**The Chair:** That is marked as exhibit 35.

**Ms Jackson:** Last, Dr LeBlanc, you indicated that you did not share Dr MacMillan's concern about the providing of the information in the e-mail to the minister's office.

**Dr LeBlanc:** I did not share his concern, on the basis of certain assumptions that were different than his. I had made the assumption that this had been cleared by Kingston. I had made some further modifications, and we were in the development of a position, so I do not have difficulty per se in providing information to the minister's office that I would not wish to be distributed outside the ministry.

**Ms Jackson:** But in the period following the issue that arose in connection with the resignation of Minister Gigantes, is it fair that there is a great deal more care exercised in the provision of confidential information to ministers?

**Dr LeBlanc:** Yes.

**Ms Jackson:** And specifically, why did you think this information needed to go to the minister?

**Dr LeBlanc:** I did not give it to the minister; I gave it to Mr Corea. You can see from the various things that he was one of the people who was concerned about this issue, and in developing a position, one has to consult the minister's office. The deputy's office, as you see, was familiar at some level with the issue, so I thought that it was reasonable for him to have the information, because we were going to be discussing it. In fact the meeting in the morning was about thresholds also; that is why we were meeting at nine o'clockish that morning. I took the precautions, as I indicated, to remove names and to mark it "confidential," so it in fact would be kept among those who were working on the issues.

**Ms Jackson:** You took no steps to ensure that the memo was not provided to the minister?

**Dr LeBlanc:** No, I did not.

**Ms Jackson:** Did you make any assumption about whether it would or would not be provided to the minister?

**Dr LeBlanc:** I made the assumption it would not be provided to the minister, because it was not yet in a form suitable for a minister. If you burden ministers by giving them material that is in the process of formulation, you do not serve them well.

**Ms Jackson:** Just so we understand each other, Dr LeBlanc, we are here talking about the e-mail that has had the names blacked out. But we understand that you have indicated this morning, in the context, this is the e-mail from Mr Teatero which has had names on it blacked out and "confidential" marked on it?

**Dr LeBlanc:** That is correct.

**Ms Jackson:** This is the confidential e-mail that we have not marked as an exhibit in the public—

**Dr LeBlanc:** The confidential version.

**Ms Jackson:** Yes.

**Mr Conway:** As opposed to the one blacked out?

**Ms Jackson:** That is right. It is not the one that has been produced in the public hearing.

**Mr Conway:** Would you re-ask a couple of those questions? I was confused about which memo you were talking about. Would you mind just taking the witness through the last couple of questions again?

**Ms Jackson:** Dr LeBlanc, we heard this morning that you instructed that a copy of Mr Teatero's e-mail, that has not been produced in the public hearing, has names blacked out, has "confidential" written on it, and some copies be taken up to Mr Corea in the Minister of Health's office?

**Mr Kormos:** Excuse me, Mr Chair. Where is this document that Ms Jackson is now talking about with Dr LeBlanc?

**The Chair:** Excuse me, just before we proceed on that basis. Ms Jackson, if you could indicate that this is the document that has not been provided in the public hearings. Is that correct?

**Ms Jackson:** The particular document that we are talking about, Dr LeBlanc, is a copy of the e-mail from Mr Teatero to Ms McArthur of 11:41 on the 13th, which

differs from ones currently available in that it has had names blacked out on it?

**Dr LeBlanc:** Yes, and marked "confidential."

**Ms Jackson:** And marked "confidential," delivered up to Corea as a result of your instructions, copies of it subsequently returned from Corea to MacMillan or to you?

**Dr LeBlanc:** What I remember is that they were destroyed. Since we were all within a few feet of each other, it is not clear exactly who did the destroying.

**Mr Kormos:** On a point of order, Mr Chair: We met in camera and looked at a document, and there was some expansion on that document by Ms Jackson in camera. We did not examine a document described—

**Ms Jackson:** It has been destroyed.

**Mr Kormos:** So there is no document.

**The Chair:** Excuse me, just on a point of order, please. I beg the committee's indulgence for just one moment. With the indulgence of the committee, the counsel will provide some direction.

**Ms Jackson:** We will try and make this clearer. On November 13, Dr LeBlanc, we know that an e-mail was sent from Mr Teatero to Ms McArthur at 11:41 that contained information concerning Dr Donahue and that has not been marked in these public proceedings. You are aware of that e-mail to which I refer, and you have from time to time seen it?

**Dr LeBlanc:** Yes.

**Ms Jackson:** Now, the e-mail that you had delivered up to Mr Corea was a copy of that e-mail?

**Dr LeBlanc:** Yes.

**Ms Jackson:** Which had had the word "confidential" printed on it?

**Dr LeBlanc:** Yes.

**Ms Jackson:** And the names in the e-mail blacked out, correct?

**Dr LeBlanc:** Yes.

**Ms Jackson:** And as a result of your conversation with Ms McArthur, you know that she took two copies of that e-mail up to Mr Corea?

**Dr LeBlanc:** That is correct.

**Ms Jackson:** As a result of the instructions you gave on the 14th, copies—you do not know how many—of that blacked-out e-mail were returned to the meeting on November 14?

**Dr LeBlanc:** Yes.

**Ms Jackson:** And destroyed?

**Dr LeBlanc:** That is correct.

**Ms Jackson:** And the document, therefore, that you had delivered up to Mr Corea, and that was returned, has not existed since the 14th?

**Dr LeBlanc:** That is correct.

**Ms Jackson:** But if we were to compare it to the e-mail that was sent by Mr Teatero on the 13th, the only difference would be that all the names on it would be blacked out and the word "confidential" would be written on the top?



**Dr LeBlanc:** That is correct.

**Mr Kormos:** On a point of order, Mr Chair: I understand now that the statement, the commentary by Dr LeBlanc is that in so far as he is aware, that blacked-out, censored, e-mail document does not exist any more. That is my understanding. In so far as he is aware, all outstanding copies of that censored bit of e-mail do not exist.

However, it is interesting, and I appreciate very much counsel—I think all of us do—in eliciting this commentary. I am wondering, would it not be a suitable thing to have the doctor replicate the censoring of that e-mail so, although we do not have the original, we have a facsimile of the original? One would think it would be very easy for the doctor to demonstrate what that document looked like by doing to it what had been done before it went up to the staff of the ministry, and then we would have something physical for this witness to refer to. I think that would be a valuable thing, for all of us on the committee to understand exactly what we are speaking of, because we are talking here about the conveyance of information. Surely that is not too much to ask.

**Ms Jackson:** Dr LeBlanc, would you be able to replicate the changes that were made to the original e-mail for the benefit of the committee?

**Dr LeBlanc:** I did not make the changes. And it raises another issue, if I were to respond further.

**Ms Jackson:** Well, let me just deal with something for the committee's edification before you do. Mr Chairman, I would have to advise the committee that, even with those deletions, the e-mail—given that everybody now knows who it is about and indeed, as Dr LeBlanc has said, the recipients of the e-mail knew on the 14th who it was about—could not be produced in the public hearing.

1420

**Mr Kormos:** Mr Chair, once again, that does not preclude us from looking at that in camera.

**The Chair:** You are absolutely correct.

**Mr Kormos:** Of course.

**Ms Jackson:** That said, Dr LeBlanc, would it be possible for you to replicate the document, in general terms, recognizing you are not going to be able to use exactly the same pen to black out what was blacked out and your writing may be slightly different from the person who wrote "confidential," but you could do to a copy of the original e-mail what was done on the 14th?

**Dr LeBlanc:** Yes.

**Ms Jackson:** I have the sense that the committee would like to have that done, so I will ask that you do that for viewing by the committee in camera.

You have said that you took no steps when you had the e-mail delivered to the minister's office to ensure that the minister did not see it, correct?

**Dr LeBlanc:** That is correct.

**Ms Jackson:** But you did not consider it appropriate that the minister see it?

**Dr LeBlanc:** Nor did I think the minister would see it. I mean, not that she had no right to see it, but it was not yet suitable for any purpose she would have.

**Ms Jackson:** Because it contained confidential information?

**Dr LeBlanc:** No. All of the information that was necessary to put the thing in context had not yet been fully compiled.

**Ms Jackson:** Once that was done, it would be appropriate for the minister to have that specific confidential information?

**Dr LeBlanc:** I would have to think about whether all of the confidential information—I think there is some confidential information in that memorandum that would be unnecessary for anyone outside of those who prepared it to know. But confidential material in there would be useful for the ministry to know.

**Ms Jackson:** In any event, the decision as to how much of that confidential information was passed on to the minister by the method in which you caused it to be delivered up there would be left to be determined in the minister's office, not by you.

**Dr LeBlanc:** Again, my difficulty is that part of the act did in fact already preclude the minister's office from having some information, notwithstanding that they knew the general topic of the memorandum.

**Ms Jackson:** They also knew who the information was about.

**Dr LeBlanc:** Yes, I understand, but there is information within the memorandum—

**Ms Jackson:** Relating to another person?

**Dr LeBlanc:** Yes.

**Ms Jackson:** Apart from the fact that there is information in the memorandum relating to another person, they would know what was in the memorandum.

**Dr LeBlanc:** Yes.

**Ms Jackson:** And they would know that it concerned Dr Donahue?

**Dr LeBlanc:** Oh, yes.

**Ms Jackson:** All right. Do you agree that as a general matter, when dealing with confidential information, it is extremely important to err on the side of underproviding confidential information to people rather than overproviding it?

**Dr LeBlanc:** I believe that to be true, yes.

**Ms Jackson:** That is because if you underprovide and you later find out they need it, you can add the confidential information.

**Dr LeBlanc:** You can add additional information. That is correct.

**Ms Jackson:** But once you have provided the confidential information you can never get it back.

**Dr LeBlanc:** "Never" is perhaps—you run the risk of not being able to retrieve it, yes.

**Ms Jackson:** By getting the paper back, you do not necessarily get the information back.

**Dr LeBlanc:** I understand.

**Ms Jackson:** And you agree?

**Dr LeBlanc:** Yes.

**Ms Jackson:** Thank you, Dr LeBlanc. Those are my questions.

**The Chair:** Thank you very much, Ms Jackson.

Just to deal with the issue of the point originally brought forward by Mr Kormos on the replication of a document, it will be my opinion that we now conduct the rotation for that which we have heard in public session. At the end of that process we will then adjourn to an in camera session, of course providing time for Dr LeBlanc to replicate that document and to provide it to committee members, and then to have a further process of questioning.

Having said that, and keeping in mind the time for questioning of Dr LeBlanc and the rotation, I will open this up to the official opposition and remind members that there will be approximately 30 minutes for questioning by each caucus. Mr Conway.

**Mr Conway:** Dr LeBlanc, it is very good to see you again. As I have indicated parenthetically, you and I have been around here a long time.

**Dr LeBlanc:** Yes, we have.

**Mr Conway:** You have had, in my experience, the opportunity to work intimately with ministers of now three different administrations.

**Dr LeBlanc:** Yes.

**Mr Conway:** You are a very seasoned hand in dealing with ministers' offices.

**Dr LeBlanc:** Yes.

**Mr Conway:** You would have been through your share of interesting and sometimes heated political controversies.

**Dr LeBlanc:** Yes.

**Mr Conway:** I want to take you back to the events around November 12 and 13 because I am having some difficulty, that I am sure you will help me with, in understanding precisely what happened from your point of view. Perhaps before I begin, can you just refresh my memory? When did Mr Decter, to the best of your knowledge, assume onsite his responsibilities as the new Ontario Deputy Minister of Health?

**Dr LeBlanc:** I think it was early August. I think there was an overlap of about a month between the two deputies.

**Mr Conway:** Ms Gigantes had left her post, as I recall, in May-June sometime.

**Dr LeBlanc:** I believe earlier than that.

**Mr Conway:** April-May; it would have been in the spring at any rate.

**Dr LeBlanc:** Early spring, I believe.

**Mr Conway:** Am I right in saying that the circumstances of her departure, particularly the whole question of the inadvertent release of confidential medical information, had been the subject of some considerable internal discussion and debate?

**Dr LeBlanc:** Yes.

**Mr Conway:** Someone in your position would clearly have been involved in advising a new deputy minister and

a new minister around past practice and recent difficulty, and options to be fair and reasonable with the release of information while at the same time protecting the essential confidentiality.

**Dr LeBlanc:** In this particular case I did not do it for either the deputy or the minister, but others did, I believe.

**Mr Conway:** You would personally have been interested and participated at some level in departmental discussions around old, new, or renewed protocols on the subject of how confidential information is to be handled, certainly in the light of the Gigantes affair.

**Dr LeBlanc:** Yes.

**Mr Conway:** Can you tell me if the Gigantes affair caused you to change your thinking and your practice in any respect?

**Dr LeBlanc:** The dominant feature of my work tended to follow fairly predictable bodies; in other words, I did not deal with one-off, isolated items. I would say that my practices did not fundamentally alter but my sensitivity to the opportunity for things going awry was heightened.

**Mr Conway:** Did you and Bob MacMillan have an opportunity at any time in the spring, summer and early fall of 1991 to talk about the difficulties the Gigantes affair posed for any government or senior bureaucrats?

**Dr LeBlanc:** No, I cannot recall any conversation with him beginning from that proposition. He has often spoken of his concerns given the sheer magnitude of information he holds, particularly as it relates to patients. He was always vigilant and concerned about that.

**Mr Conway:** I want to reconstruct some of the events of early November 1991. Committee counsel has done a very effective job of setting out many of these facts, but I want to just review some of that ground.

We know that by the summer the government has negotiated, with your help, a very significant framework agreement. I guess it was in June.

**Dr LeBlanc:** The formal signing was June 4.

1430

**Mr Conway:** It was a very considerable achievement on the basis of what the government felt, advertised, and what many others of us felt as well. So that is a very significant undertaking, and it is not too many months later in a big labour town with strong government support—my editorial observations and nothing else—that this framework agreement is suddenly under attack in a way that it is not, to the same extent, in other communities, although there are certainly inquiries. But in Sudbury by October there is a growing interest and controversy around what this framework agreement might mean. Is that correct?

**Dr LeBlanc:** Yes.

**Mr Conway:** Certainly you and your unit would be aware of that; you have testified to that effect. In fact, at some point along the way instructions are given, it seems to me quite understandably, that the communications section of the Ministry of Health gather together a file on the Sudbury situation.



So there is a very keen awareness within significant and senior levels at the Ministry of Health of the developing Sudbury situation.

Let me just take a couple of these documents. I should know this, and you may or may not, but exactly what is Mr Corea's function within Ms Lankin's office as you understand it?

**Dr LeBlanc:** She has a number of people who are involved in sectors of health policy and I understand that Mr Corea is one of that group.

**Mr Conway:** So we would know Mr Corea as Ms Lankin's political assistant for health policy issues?

**Dr LeBlanc:** Some of them.

**Mr Conway:** Some of them.

**Dr LeBlanc:** I think she has more than one.

**Mr Conway:** That is correct. As the Minister of Health she would have a requirement for more than one. But broadly speaking, Mr Corea then would be Ms Lankin's political staff assistant for some of the health policy issues.

**Dr LeBlanc:** That is my understanding.

**Mr Conway:** On the afternoon of November 12, 1991, at approximately 2:30, Mr Corea, with an interoffice memo that is copied to you and to the deputy among others, is writing about the fact that, "Floyd Laughren's office called to indicate that they have been inundated with calls regarding Dr Donahue." Mr Laughren's assistant, Nuala Doherty, "said that in fact Mr Laughren received calls at home last night on this issue—guess that constitutes things getting hotter around the threshold issue." Corea then goes on to put a series of specific questions in that memorandum that would be helpfully answered by staff so that Mr Laughren's concerns could be dealt with.

Then we know the next morning Dr Donahue turns up the heat. He gets on CBC Sudbury and he gives quite an interesting interview that he may have given earlier and elsewhere, but in the course of this interview reported in one of our exhibits, exhibit 20, Dr Donahue in discussions with Mr Peter Williams of CBC Sudbury puts his cards on the table. It is getting hotter and he is about to close his clinic within a very few days because, as he sees it, this centrepiece of the new government's health policy has an unintended or an intended anti-northern bias and he may just not be able to continue and has no intentions of continuing. So that happens at 7:30 the next morning.

We have later that same day, November 13, Susan Colley. She is also on Ms Lankin's—

**Dr LeBlanc:** She is her executive assistant.

**Mr Conway:** That is right. Ms Colley is now the senior political person in Health Minister Lankin's office. As it happens, just within that same 24-hour period, Ms Colley is telling us, telling "us" in this case Michael Decter, Eugene LeBlanc, Larry Corea, that she has just received "an urgent request from the Treasurer" concerning the problems that Dr Donahue has raised, presumably in that interview and elsewhere.

In that interoffice memorandum of November 13, the Minister of Health's most senior political person is saying,

"The Treasurer has urgently requested briefing notes on Dr Donahue's actual position and a political response from the Ministry of Health." This is not just coming from the person who brings the new flowers into the minister's office every morning. This is the Minister of Health's most senior political assistant telling you, among others, that outside of the Premier, the most senior elected official in this government—from my point of view, quite understandably, because he is the member for Nickel Belt—is urgently requesting two things; briefing notes on the Donahue case and a political response from the Ministry of Health.

Now, we know from other testimony advanced in these hearings—the Colley memorandum is 2:46 pm—by this point in time not one, but two e-mails have been asked for and received from the OHIP office in Kingston, containing information relative to the Donahue file. As I understood your testimony, when those Teatero memoranda, one at 11:41, the other at 2-something pm that day, November 13, when those memoranda arrived in your office—I think they were sent to Diane McArthur—I believe I heard you say that, without much delay, those two Teatero memoranda went directly into the minister's office, to the attention of Mr Corea.

**Dr LeBlanc:** That is not correct. We have only spoken of one memorandum. Although two were received, one of them was minor and the only one that was taken was the more comprehensive.

**Mr Conway:** The more comprehensive; so the 11:41 am, November 13, 1991, Teatero memorandum was sent to and received by Ms McArthur and, at your instruction, directed without much haste to the minister's office staff, to the attention of Mr Corea.

**Dr LeBlanc:** Yes.

**Mr Conway:** Now, I am interested in having that confirmed to know again and clearly, because I now know that at least two significant political assistants—one of them very, very close to the Minister of Health, her executive assistant—are keenly aware of what is being requested and what has been sent.

**Dr LeBlanc:** I think it is correct that two were aware of what was being requested. I am not aware of both of them being aware of what was being sent. I only know what Mr Corea was provided.

**Mr Conway:** But in your many years of distinguished experience, closely associated with a variety of ministers and ministers' offices, Dr LeBlanc, it would not at all be unreasonable for a person to imagine that people on the exempt staff, senior people, senior political assistants to ministers, might in fact chat back and forth about a hot file—a hot issue, I should say—one that is causing the government and the Treasurer a lot of angst, so much angst that he is asking repeatedly for urgent briefings and a political response from the Ministry of Health.

**Dr LeBlanc:** My understanding was that Sue Colley was not there, so that sort of speaks to the question of her knowing immediately. Whether there was conversation subsequently, I do not know, but she was not provided with any copy of the material, and the material was returned to my office within a matter of a few minutes, so I had no



knowledge of it being provided to her, either orally or by any exposure.

**Mr Conway:** But I just simply submit to you that we know that at about the same time as the second e-mail was arriving, on a day when clearly there was urgent public business involving and concerning the Ministry of Health and relating to the local interests of the Treasurer and Deputy Premier himself, at 2:46 on the afternoon of November 13, the Minister of Health's executive assistant is telling you she is aware that there are urgent requests coming from the Treasurer on the Sudbury business.

**Dr LeBlanc:** Yes, I am aware. I have seen the memorandum, yes.

1440

**Mr Conway:** So it must have surely crossed your mind by the end of that day that people very close to the Minister of Health were aware of just how topical the Sudbury file was becoming.

**Dr LeBlanc:** I was not aware of Colley's memorandum until the following morning. I was certainly aware of its topicality and, more important, I was aware of its policy implications.

**Mr Conway:** Having established that, you also knew at some point during that day that the—keeping the Gigantes matter, too, in the back of our minds—on that day, on November 13, 1991, one or both of those memoranda made their way not just to your attention but found their way directly into the communications branch of the Ministry of Health.

**Dr LeBlanc:** Yes. I believe the first did. I do not know whether the second—it is my understanding that the second short one was in response to a question of explanations and I do not know whether the second one—

**Mr Conway:** We will just forget about the second of the Teatero memoranda entirely and concern ourselves only with the first.

**Dr LeBlanc:** Sure.

**Mr Conway:** That caused you no concern at all, that the first Teatero memorandum had gotten into the communications branch of the ministry?

**Dr LeBlanc:** I do not know whether at the time I was dealing with it in my branch, which was the first thing in the morning. I think I was aware subsequently to its second distribution. I was not aware of it at that time.

**Mr Conway:** On November 13 Dr MacMillan is away from his desk in Kingston where he would have ordinarily had some kind of supervisory function with respect to the Teatero memoranda that were sent, as I understood his testimony yesterday.

**Dr LeBlanc:** Yes, he was in Kingston with me. Pardon me, he was in Toronto with me.

**Mr Conway:** He was in Toronto with you.

**Dr LeBlanc:** Yes.

**Mr Conway:** I want to and need to know at what point you were together on that afternoon of November 13.

**Dr LeBlanc:** The whole day, the Wednesday.

**Mr Conway:** The whole day. Now, I gather from Dr MacMillan's testimony, as best I can recall it this afternoon—that is, his testimony of earlier this week—that at some point that day, November 13, or early the next day, November 14, he was in your office and he saw the first of those Teatero memoranda, if not both.

**Dr LeBlanc:** He was in my office on the morning of Thursday.

**Mr Conway:** The morning of the 14th.

**Dr LeBlanc:** And I only think that he saw in my office the first memorandum.

**Mr Conway:** That caused him some anxiety.

**Dr LeBlanc:** Yes.

**Mr Conway:** Could you just carefully describe to the best of your knowledge how it was that Dr MacMillan in your office came to see that Teatero memorandum of the day before, the one of 11:41 am, and what precisely to the best of your knowledge was his reaction?

**Dr LeBlanc:** The purpose of the meeting, to which there were four invitees, was to discuss the threshold issue broadly. It is my recollection that current material was available for that discussion, and after reading it and some other material, Bob expressed significant unhappiness about the Teatero memorandum. That was the first time that I became aware that the processes in Kingston had not been done to his satisfaction.

**Mr Conway:** You have used an interesting phrase, "significant unhappiness."

**Dr LeBlanc:** Yes.

**Mr Conway:** Could you help me understand what Dr MacMillan's "significant unhappiness" might—what might it mean? What did he do? How did he express the "significant unhappiness"?

**Dr LeBlanc:** If you have seen Dr MacMillan, he is not a grey person. He, as I recall, read it a few times and began to sort of think about it and came within a very short time to the notion that this ought not to have been sent, in his view, and that he wanted it recovered.

**Mr Conway:** He did not figuratively fall off his chair when he saw the Teatero memorandum.

**Dr LeBlanc:** No, he reserved that metaphor for when an individual communicated with the media.

**Mr Conway:** But you could appreciate when you read that quote attributed to him some weeks later in the media just how he must have felt on that occasion, because he had expressed some considerable unhappiness when he saw that memorandum in your office.

**Dr LeBlanc:** I think that is slightly an unfair presentation of it. First of all, there was material in it which did not leave the office. Moreover, from the point of view of the dynamic, within a few working hours of it being produced he had it retrieved.

**Mr Conway:** All right, I need to know something here. Now I am hearing—because this anticipates what is causing us some confusion. You said just a moment ago or you left the impression that there was some information in the memorandum that did not go forward.



**Dr LeBlanc:** Yes.

**Mr Conway:** Well then, I am missing something, because I think what you are telling me is that what you really meant to say earlier is that when Diane McArthur received that memorandum, she took the ink to some parts of it right away.

**Dr LeBlanc:** I do not know whether she did it right away, but she certainly did it at my instruction.

**Mr Conway:** Before it ever went into the minister's office in the first instance.

**Dr LeBlanc:** That is correct, from my office. That is correct.

**Mr Conway:** That is an important point to establish, but what we know was inked out—we know that the word “confidential” was inked at the top and we know that names were removed before this memorandum, specifically asked for by, among others, the executive assistant to the Minister of Health, because the Deputy Premier needed to be briefed on an urgent basis about a specific case in Sudbury, was to receive said information.

**Dr LeBlanc:** Yes.

**Mr Conway:** You can appreciate how the inking would not disguise any relevant information. We have seen the document.

**Dr LeBlanc:** Well then, your statement suggests that you do not perceive a sensitivity in the document that I did.

**Mr Conway:** It is not a question of whether I perceive a sensitivity, I am just trying to reconstruct the events and that is why I took you to—

**Dr LeBlanc:** Think of names; if the names were removed, what the significance of the removing of all the names is.

**Mr Conway:** Let me go back to what Sue Colley, executive assistant to the Minister of Health, is saying to you and the deputy on November 13: “I have received an urgent request from the Treasurer concerning the problem of dermatological services in his riding.” The reason for his interest is “because Dr Donahue is threatening to close his operation in Sudbury on November 18”—five days from then—“if he does not receive an exemption.” It to me is abundantly clear and would be absolutely clear to a senior politician like the honourable member from Nickel Belt, the Deputy Premier himself, who this information concerned, because the request that occasioned all of this was highly specific. How many dermatologists are there in Sudbury?

**Dr LeBlanc:** There are in service three, but that is not—

**Mr Conway:** Well, let me just come back—

**Mr Kormos:** One moment, Chair.

**The Chair:** Excuse me for a moment. Dr LeBlanc, if in response to any particular question you feel it would result in the divulging of confidential information, on the advice of your counsel, if you cannot reveal that information then of course there is the opportunity for you to advise us immediately and we can revisit that particular question in camera.

**Mr Conway:** Part of the difficulty we are having, Mr Chairman, is—and I will have to go over the testimony, but I am trying to recall what I heard this morning. I was under the impression that when that 11:41 am Teatero memorandum arrived you were out of the office, Ms McArthur received it and passed it along unexpurgated—

**Dr LeBlanc:** No, no, no, no, no, no. It was retained, went nowhere, until the following morning. Following a discussion with me, at the same time I was having a meeting with Dr MacMillan, it went at that point. So that is the Thursday morning.

1450

**Mr Conway:** All right, that is helpful. But again, I—

**Mr Kormos:** Please, Mr Chair, on a point of order: The Chair had begun to address the matter of Dr LeBlanc responding to a question put to him by Mr Conway. Now, Mr Conway may not be interested in the response to the question, but I am interested in the response to the question. If it is one that he can give, we should hear it now; if it is one that he cannot give, we should hear it in camera.

**The Chair:** Just as I have indicated to Dr LeBlanc and given the warning with your counsel present, if, in response to Mr Conway's question, you are in your opinion able to provide that information here without divulging confidential information, then you are free to do so. If you are not, please advise the committee so that that question can be revisited in an in camera proceeding.

**Dr LeBlanc:** What I am advised that I can say is that there was more than one person named in the memorandum, which is why I am concerned that—

**Mr Conway:** Listen, I appreciate your concern. Rest comfortably, because under solemn oath I have seen the sacrosanct memorandum, and that is what is causing me some difficulty, quite frankly. We are going to want to look at what Dr MacMillan has said about this. I am just simply sitting here trying to understand the events, and I will quickly recap them. We have the Deputy Premier in a flurry, quite understandably, because he is catching heat and hell over the framework agreement, and the—

**Mr Kormos:** Mr Chair—

**Mr Conway:** Mr Chairman—

**The Chair:** Mr Kormos. Mr Kormos, Mr Conway has the floor.

**Mr Kormos:** I understand, but I am making a point of order. Please, Mr Chair.

**The Chair:** Let's hear your point.

**Mr Kormos:** I understand the informality that goes on here. But for Mr Conway to put to this witness that the Deputy Premier is in a flurry, when I—I have not heard anything from any of the participants since we began here on Monday to that effect. For him to put this to this witness when he knows that this witness has not been here for all of this hearing is really something that you should be intervening on and controlling, is it not?

**The Chair:** Thanks very much for your opinion, Mr Kormos.



**Mr Scott:** He does not flurry easily, but, boy, today he was certainly flurried.

**The Chair:** Mr Scott. Thank you very much, Mr Kormos, for your opinion, but it is within the responsibilities and the role of members of this committee to pose the questions that they feel.

**Mr Conway:** We have senior officials in the office of the Minister of Health, senior political staff aides to the Minister of Health, on record telling us that there is a great deal of interest and urgent concern in the office of the Treasurer, it seems to me quite understandably, because of what Dr Donahue is publicly threatening to do and citing the framework agreement as his reason for so doing. Dr MacMillan made this plain yesterday, that it was in large part because of the Treasurer's urgent concern that a request for the so-called Teatero memorandum of 11:41 went out. It came back. It went rather quickly into some interesting places, right back into the hands of senior political aides to the minister. It went down into the communications branch of the ministry. We know that.

The question that I need to have you help me with is that at some point on the 14th you and Dr MacMillan are having an—well, you are not having an argument, but you are discussing. You said, I think, in your earlier testimony that you had something of a difference of opinion about where and what was confidential.

**Mr LeBlanc:** No, that is not, I think, what I said. What I meant to imply is that I had made some assumptions that the material was known and that with the changes that I had made it was appropriate to share it with Corea. He, assessing it without those corrections and from his particular vantage point, thought otherwise. I was prepared to allow his judgement to reign, since it in fact had come from his shop.

**Mr Conway:** Just so I am clear, what exactly did you do to that memorandum again? I want to be absolutely clear. You put "confidential" on top and you inked out the names?

**Dr LeBlanc:** All the names.

**Mr Conway:** All the names.

**Dr LeBlanc:** Yes.

**Mr Conway:** And you did no more than that?

**Dr LeBlanc:** That is correct. I did not do it; I asked—

**Mr Conway:** No. Dr MacMillan obviously felt that that perhaps still left some room for understanding that might breach confidentiality, that you did not quite share.

**Dr LeBlanc:** No. There are two things. One is that I am not aware whether he fully appreciated what I had done vis-à-vis Mr Corea. But number two is that he and I agreed that that information was confidential in the form in which it was provided. There is a view as to whether it was usefully applied to answering these questions in an appropriate way or not. I think his sensitivity was affected by his looking at the totality of the memorandum, and I did not distribute the totality of the memorandum.

**Mr Conway:** You inked out and inked in the abovementioned additions?

**Dr LeBlanc:** Yes, all of the names, which was—

**Mr Conway:** That is all.

**Dr LeBlanc:** But in my view, that was a highly significant modification.

**Mr Conway:** You really believe that?

**Dr LeBlanc:** Well—

**Mr Conway:** Dr LeBlanc, I want to move on, because I do not want to cause your counsel heart failure.

**The Chair:** Mr Conway, I wish to inform you that we are quickly coming to the end of that.

**Mr Conway:** Oh, I appreciate that. I am learning all I want to learn.

You mentioned in your testimony this morning a couple of other things; I want to quickly clarify those. The incident in Thunder Bay occurred in the evening of Thursday, November 5. I think you indicated that by morning or midday on Friday, December 6, it was your understanding that Bob MacMillan knew what had happened at Thunder Bay.

**Dr LeBlanc:** Yes.

**Mr Conway:** And therefore, as a result of your discussions with Dr MacMillan, you knew what had happened, more or less.

**Dr LeBlanc:** Yes, I had spoken to Ms Martel first, and Bob MacMillan subsequently.

**Mr Conway:** Did you, at any point on Friday in your normal course of business, talk to anyone in the office of the Minister of Health?

**Dr LeBlanc:** No.

**Mr Conway:** Now, there was a policy and priorities board of cabinet committee meeting to which you made reference.

**Dr LeBlanc:** Yes.

**Mr Conway:** That was Sunday, was it not?

**Dr LeBlanc:** No, my recollection is that it was on Mondays. It is normally held Mondays, late in the afternoon.

**Mr Conway:** So it is your recollection that it was not a weekend; it was the following Monday.

**Dr LeBlanc:** Yes, the day after I got back.

**Mr Conway:** Between the time you left the office on Friday, you had no discussions with anybody in the Health minister's office on Friday at all?

**Dr LeBlanc:** That is correct.

**Mr Conway:** Because you were up north, you were in Sudbury.

**Dr LeBlanc:** That is correct.

**Mr Conway:** You came back to Toronto when?

**Dr LeBlanc:** Sunday evening.

**Mr Conway:** And you had no discussions throughout the weekend with anyone in the Minister of Health's office about any of these matters?

**Dr LeBlanc:** No, I did not.

**Mr Conway:** Your first discussion with anybody in the government, outside of your chat with Dr MacMillan, was just in the ante-room of the cabinet room on Monday?

**Dr LeBlanc:** With members of the government, that is correct. No, I had met with the minister earlier in the day,



briefing her on Sudbury and the time that I had spent. So I spoke with my minister before I went to the meeting with the other people.

**Mr Conway:** And at that p and p committee meeting you had some discussions with which ministers, again?

**Dr LeBlanc:** First of all, it was in the ante-room.

**Mr Conway:** Yes, I know exactly where it was.

**Dr LeBlanc:** No, but to catch people it was not in p and p; it was to take advantage of their being in that geographical area. It was the Treasurer, the Minister of Health, the Minister of Northern Development and Ms Murdock, who was in, I think, the regulations committee on the same floor, the deputy minister, myself. I think that was about it. But we never got all of them at once, because the plan to do so was thwarted by the problems that beset ministers, and they dropped in and dropped out.

**The Chair:** Mr Scott?

**Mr Scott:** I just have one question, and it is this. Is it your view that if political people, either ministers or staff, ask you for a personal OHIP profile on Dr X, you can deliver that up in whatever detail is achieved and preserve confidentiality by simply crossing out the name that was referred to in the request made to you?

**Dr LeBlanc:** No, I do not think that. I do not think that is what I said. What I said was that one issue that, in my judgement, had no relevance to the issues at hand was to be removed, and my instructions were to remove it. With respect to the numeric information and some descriptive information that remained, I believe that should have been preserved, outside of the ministry, confidential. But for the purposes of formulating policy and deliberating the issues it was necessary information to meaningfully do that. I believe that if such a need exists one has to provide such information as will permit the useful discussion.

1500

**Mr Scott:** But you would agree with me about this, at least within the ministry: that if you are requested to produce a memorandum, an OHIP profile on Dr X, and the name of the doctor is given to you to assist your search, nothing that matters is gained when you later in the day or later in the week deliver up to the minister's staff the profile and say, "Oh, by the way, I've scratched out the name of the doctor," because everybody knows who the request was about and crossing out his name at that stage does not make any difference, does it?

**Dr LeBlanc:** I disagree. You impute to my thinking that the purpose of crossing out the name was for the individual receiving it to be unaware whom it was about. That was not my intent.

**Mr Scott:** The person receiving it would clearly know whom it was about.

**Dr LeBlanc:** Exactly so. It was to preclude en passant knowledge. You are aware that everything from—

**Mr Scott:** Can I ask you this: Does that mean that you crossed out the name because you understood perfectly the risk that it might fall into other political hands outside the ministry?

**Dr LeBlanc:** No. The analogy for me is equivalent to the various hearings and reports on same that come out of discipline bodies in which within one context people know, but if you simply read it without additional information you cannot identify the individual.

**Mr Scott:** Dr LeBlanc, you and I go almost six years back.

**Dr LeBlanc:** Only six years? It seems longer.

**The Chair:** Mr Scott, can you finish it up?

**Mr Scott:** Let's just be real. If crossing out the name of the doctor whose profile was requested was meaningless within the ministry because anybody receiving it in the minister's office would know whose profile it was, crossing it out—I agree it would be a useful exercise—would only be meaningful if you were trying to protect against others outside the ministry concluding who the doctor was.

**Dr LeBlanc:** Or just people in the ministry who had no need to know the information.

**Mr Scott:** But you were very wise. I am simply saying that it was a wise thing to cross it out. You crossed it out, precisely as Mr Conway suggests, because you recognized as an old hand on board the risk that this might get out—not the document, but word of mouth about what it contained might get out to other ministries or other political persons.

**Dr LeBlanc:** Crossing out would not protect against people speaking of it, but it would provide a measure of security if the piece of paper went anywhere.

**Mr Scott:** And it would have provided that measure of security if anybody in the Ministry of Health who did not know the doctor repeated what was in the memorandum outside the ministry—they would not then have the name—and it would also help if it was leaked outside the ministry.

**Dr LeBlanc:** Or went astray by inadvertence.

**Mr Scott:** Yes. But anybody in the minister's office who elected to convey the information in the memorandum to others would not have been prevented from disclosing the name, because they knew it.

**Dr LeBlanc:** They would be prevented from disclosing the second name, absolutely.

**Mr Scott:** But not the name of the subject doctor.

**Dr LeBlanc:** I understand.

**Mr Scott:** Right. Thank you very much.

**Dr LeBlanc:** But I hope you appreciate the sensitivity of the second name.

**Mr Scott:** Oh, yes.

**The Chair:** Thank you very much, Mr Scott.

**Mr Harnick:** All of this seemed to begin because there was an urgent request from the Treasurer. Is that correct in terms of this flurry of exhibits we now have before us?

**Dr LeBlanc:** "Begin" is perhaps a bit of a strong word. The issue of thresholds had been developing from September, but I think this punctuated the activity in and around that—

**Mr Harnick:** And it was the Treasurer's request that started the development of the documentation that is confidential but before us, and the documentation that you have produced today?

**Dr LeBlanc:** Yes.

**Mr Harnick:** As I understand what you are telling us, on November 14 the document that was in possession of your office had been doctored by adding the word "confidential" and deleting the names.

**Dr LeBlanc:** Before it left. As it existed in my office, it was as received.

**Mr Harnick:** As it existed in your office—

**Dr LeBlanc:** It was as received.

**Mr Harnick:** And then alterations were made to it.

**Dr LeBlanc:** Yes, before it left my office, that is correct.

**Mr Harnick:** Now, on the day before, you were out of your office all day?

**Dr LeBlanc:** That is correct.

**Mr Harnick:** But the document, the e-mail that is the confidential piece of information, was in your office from approximately 11:41 am on November 13?

**Dr LeBlanc:** The Wednesday, yes.

**Mr Harnick:** That is right. That is correct, is it not?

**Dr LeBlanc:** If the 13th is the Wednesday, that is right.

**Mr Harnick:** Yes.

**Dr LeBlanc:** Yes, the Wednesday.

**Mr Harnick:** And, as well, there was a second piece of e-mail that came at 2:40 or 2:40-something?

**Dr LeBlanc:** Yes. Later in the day, yes.

**Mr Harnick:** On the 13th, on the Wednesday?

**Dr LeBlanc:** Yes.

**Mr Harnick:** And that was in your office as well?

**Dr LeBlanc:** Yes.

**Mr Harnick:** Was any of that material delivered from your office to any sources outside of your office on the 13th?

**Dr LeBlanc:** According to my assistant, the answer is no.

**Mr Harnick:** All right. In the course of any of your discussions with people outside of your office, did you learn whether this documentation had been sent from the place where it originated—Mr Teatero—to any other areas in addition to your office?

**Dr LeBlanc:** I subsequently learned that it had been.

**Mr Harnick:** And I gather that it had in fact been sent to the communications branch.

**Dr LeBlanc:** That was my understanding.

**Mr Harnick:** Do you know from any of your investigations whether the communications branch forwarded that material to anywhere beyond their office?

**Dr LeBlanc:** I do not know for certain if they did. It had been suggested to me that it may have been, but I do not know.

**Mr Harnick:** All right. Now, if we follow through on the evidence that you have given us, you came in on the

14th and made the additions and deletions to the document and you felt it was in proper form to then send it out?

**Dr LeBlanc:** To have it hand-delivered to specifically the individual that it was taken to, yes.

**Mr Harnick:** And in fact that hand delivery took place?

**Dr LeBlanc:** Yes.

**Mr Harnick:** What time did that occur?

**Dr LeBlanc:** Very close to the first thing in the morning when I came to work. My best estimate would be around 9, since that is the normal hour of people in the minister's office being there. I am usually there a bit earlier, but it was around 9 o'clock.

**Mr Harnick:** And you then had to review the material yourself.

**Dr LeBlanc:** Yes, I looked at it before I gave the instructions.

**Mr Harnick:** And then the deletions and additions were made?

**Dr LeBlanc:** Yes.

**Mr Harnick:** And then the material was sent out?

**Dr LeBlanc:** Yes.

**Mr Harnick:** And Dr MacMillan arrived, I gather—

**Dr LeBlanc:** Subsequent to that.

**Mr Harnick:** —subsequent to that.

**Dr LeBlanc:** Yes, but very close in time.

**Mr Harnick:** All right. And what you are telling us now, then, is that as soon as Dr MacMillan arrived you then recalled the material?

**Dr LeBlanc:** At his request, yes.

**Mr Harnick:** And the very next piece of documentation that you have provided us with are exhibits 30 and 31—and 32, I guess—which are dated November 20.

1510

**Dr LeBlanc:** Exhibits 30 and 31, you are talking about?

**Mr Harnick:** Yes, I am just following the trail of paper.

**Dr LeBlanc:** Sure.

**Mr Harnick:** So that there was no other documentation that was created and delivered anywhere between the 14th and the 20th?

**Dr LeBlanc:** There was, I believe, a briefing note ultimately prepared, which I believe is in your material. But the next bundle of paper that was prepared was that very large chunk prior to—you are saying before the 30th or before the 5th?

**Mr Harnick:** I just want to know if there is any documentation between this period of the 13th and 14th and the next papers that you have, of the 20th.

**Dr LeBlanc:** You have a briefing note dated—I guess it is exhibit 14.

**Mr Harnick:** Could I see yours rather than hold up—who was exhibit 14 delivered to?

**Dr LeBlanc:** This goes into general circulation. When they get down to the final form they are distributed ultimately electronically to an internal circulation list.



**Mr Harnick:** What I am wondering is what documentation the Treasurer ultimately received.

**Dr LeBlanc:** I am afraid I do not have the answer to that. I do not know what he received.

**Mr Harnick:** Because with all the urgency—some-where along the line he generated the urgency. I want to know what he got.

**Dr LeBlanc:** I cannot help you.

**Mr Harnick:** If you take a look at exhibit 29, you have a memorandum from Susan Colley. Can you tell me what advice—she says in the very last paragraph: “Please could you let me have advice on this tomorrow. Thank you.”

**Dr LeBlanc:** Yes.

**Mr Harnick:** What advice was given to Sue Colley the next day?

**Dr LeBlanc:** I believe that the response to that is what you have just seen.

**Mr Harnick:** Exhibit 14?

**Dr LeBlanc:** No, I do not know for certain, but given the dating and it was on topic, that is the most probable response, which was done by noon of the day that she requested some response.

**Mr Harnick:** So you are telling me now that exhibit 14 was the replacement document?

**Dr LeBlanc:** No, I would not say it was a replacement document. It was a document that could be more widely distributed. The other document was background to it.

**Mr Harnick:** So that, in a sense, they really go hand in hand?

**Dr LeBlanc:** No, one is precedent to the other, because there were questions asked that one had to consider, and that information was pertinent to considering the questions.

**Mr Harnick:** So all I am saying is that the document that we now have, that is a confidential document, continued to be a relevant document?

**Dr LeBlanc:** I believe so.

**Mr Harnick:** All right. Now, I understand that after the meeting on, I guess, the Thursday night in Sudbury—

**Dr LeBlanc:** Yes, okay.

**Mr Harnick:** —you remained in Sudbury on the Friday?

**Dr LeBlanc:** Yes, I did, and the Saturday and the Sunday.

**Mr Harnick:** Was there any particular reason you remained there?

**Dr LeBlanc:** Yes. The purpose for the meeting, if you saw in the material, was to provide information and to have discussions. The way the meeting was structured, the meeting virtually adjourned before the deputy minister was allowed to speak. So, against our objective of having had a discussion in which we would explain the policy and to hear comments on it, that had not yet been achieved. The deputy and Dr MacMillan were unable to stay. I was; I did stay and I spent the next three days talking to physicians, hospital administrators and others on what I must say was a very constructive basis. Outside of the public arena the

physicians were very helpful in helping to think through some of the policy options.

**Mr Harnick:** During that period of time, did you meet with Dr Donahue?

**Dr LeBlanc:** To the best of my knowledge, no. If you remember, I referred to—there was almost a meeting I went to, and I did not meet everybody who was there, so it is possible, but my understanding was that at the time I was there he was in Toronto and not there. But I cannot say that for sure.

**Mr Harnick:** One other comment that you made I found interesting. When you talked about your discussion with Miss Martel on the Monday you described the incident that she had been involved with—you said that “describing it as a heated affair was an understatement.” Those were your words.

**Dr LeBlanc:** With respect to the Thursday night?

**Mr Harnick:** Yes.

**Dr LeBlanc:** Yes.

**Mr Harnick:** Why did you describe the incident that Miss Martel had been involved with—

**Dr LeBlanc:** No, I said I communicated to her about the Thursday meeting I was at.

**Mr Harnick:** Okay, all right. I was not sure about that.

**Dr LeBlanc:** And to refer to it as heated, having experienced it, was an understatement.

**Mr Harnick:** Thank you, doctor.

**The Chair:** Mr Eves.

**Mr Eves:** I just have a few brief questions, Mr Chairman.

Dr LeBlanc, I believe you indicated this morning that Paul Howard went to Sudbury as well. Is that correct?

**Dr LeBlanc:** Yes.

**Mr Eves:** Do you know why Mr Howard went to Sudbury?

**Dr LeBlanc:** I think that there was some sensitivity to the fact that the Sudbury meeting could not be scheduled in a way that either the Minister of Health or the Minister of Northern Development, or even the Treasurer, who did make a special attempt, was to be there. My sense was that the minister's office was very interested in the information that was coming there. So at the last minute he was added to the group to go.

**Mr Eves:** Under questioning this morning by counsel, you indicated that it would be a reasonable inference to infer, to assume that the infamous e-mail would go to all the people who were shown on the memorandum.

**Dr LeBlanc:** It is a reasonable inference that when a memorandum is constructed and the names are there, to assume that it goes to them. You cannot conclude it absolutely, because unless you press a special key it does not go and yet you can still copy it without it ever having been sent. But if you assume that the person wrote it for the purpose of sending it, all the names that are electronically listed would receive it.



**Mr Eves:** Did you make an effort to ensure that a copy of the e-mail was retrieved from in fact every person who was shown as being copied on the e-mail?

**Dr LeBlanc:** I think the question for that was around the memorandum that was written by Miss Allen, I think. I was not the originator of that. I think that was the context in which I was asked, was it reasonable to infer that all the listed—I think my name was listed there and I said I did not remember having received it, though my name was listed there.

**Mr Eves:** Dr MacMillan seemed to be under the impression that Larry Corea rather than Mr Howard received the infamous e-mail.

**Dr LeBlanc:** That is correct. It was Mr Corea and not Mr Howard who received the copy from me.

**Mr Eves:** From you.

**Dr LeBlanc:** Yes.

**Mr Eves:** But whether Mr Howard received one electronically or not, or one was sent to his office, you have no way of knowing.

**Dr LeBlanc:** No, I have no way of helping you there.

**Mr Eves:** Was Dr MacMillan present when Mr Corea's e-mail was returned?

**Dr LeBlanc:** Yes, we were still in the meeting and Mr Corea came, delivered it and participated in the discussions around threshold at that time.

1520

**Mr Eves:** Because Dr MacMillan, I believe—I am doing this from memory and partially from one quote I have of his from Hansard of the last few days—seemed to be under the impression that he did not find out until some time later that it was in fact Larry Corea as opposed to Mr Howard who had received it. I will read you a quote of the question I asked him on February 11:

"Larry Corea—now to be fair, you indicated that you did not know about Mr Corea gaining access to the e-mail in place of Mr Howard until some time later; is that correct?"

Dr MacMillan: "I believe so."

If Dr MacMillan was present while Mr Corea delivered in person, returned in person the copies of the e-mail that he had received—and Dr MacMillan was asked this question more than once—do you not think it would have made a big enough impression on him that he would know that Larry Corea appeared in person at the meeting and in person delivered the two copies of the e-mail that you had asked to be retrieved?

**Dr LeBlanc:** I cannot account for what Dr MacMillan attended to or remembered. It is my quite clear impression that he in fact delivered it and that he did so while I was there, but I cannot help you as to why he would not have attended to it. But it is not unknown to me that on some details people's memories differ on given events.

**Mr Eves:** Do you know exactly what material was sent to the Treasurer or the Treasurer's office?

**Dr LeBlanc:** No, I was not a part—I received no copy nor was I explicitly told. I believe there may have been a telephone conversation about that. I do not know what—

**Mr Eves:** So you have no way of knowing what information he or his office received?

**Dr LeBlanc:** No, I would not.

**Mr Eves:** Thank you.

**The Chair:** Thank you very much, Mr Eves. Mr Christopherson.

**Mr Christopherson:** Mr Chair, I would just like to pick up perhaps where Mr Eves left off and stay with the meeting, Dr LeBlanc, in your office, I believe, November 14, where Dr MacMillan is present—

**Dr LeBlanc:** Yes.

**Mr Christopherson:** —and Mr Corea, I believe you just said, came into the room and returned personally a hard copy of the memo to Dr MacMillan.

**Dr LeBlanc:** No, I did not remember—what I remembered was it was delivered and destroyed. It is not clear to me whether it was delivered to me or Diane or somebody who was there; it was that it was delivered to my office and destroyed within my sight.

**Mr Christopherson:** Fine. But it was Mr Corea who walked in and handed it to someone in the room for the purpose—stop me if I am wrong—of returning it as per instructions or requests, and that indeed did happen.

**Dr LeBlanc:** Yes.

**Mr Christopherson:** Now, Mr Eves just asked you about Dr MacMillan not being able to give as precise testimony. I would like to just read you something from Tuesday the 11th. Dr MacMillan is saying:

"I know Mr Howard because he attended in Sudbury for the second meeting, the town hall meeting, with the physicians. That is the first time I had an opportunity to really get to know him, other than his name and his face. Mr Corea, I have not had occasion to work with and I do not know."

I then asked him: "So you never met him. But the rest of them you do know?"

He responded, "I may have met him, but I just cannot recall."

Then I asked him: "If he walked in right now you would not be sure that was Larry Corea?"

Dr MacMillan: "I do not think so."

So I would ask you if that recollection by Dr MacMillan is consistent with the way you recall, inasmuch as you did know it was Larry Corea and Dr MacMillan has testified that he is not sure he would recognize Larry Corea.

**Dr LeBlanc:** I know Mr Corea and do recognize him and was able to comment on his arriving. I think it is speculative to know whether that is the basis of Dr MacMillan not remembering or not.

**Mr Christopherson:** Fair enough, but you do not believe that contradicts in any way what you recall happening.

**Dr LeBlanc:** No, nor do I see it as earthshaking that in some detail two people in the same meeting may not have comprehensive identity.

**Mr Christopherson:** Thank you very much. I would like to now move us to the November 30 breakfast meeting in Sudbury. Again, I know you have been over this but I



would like to just be sure we are absolutely clear. Again, I would refer to Dr MacMillan, who has stated—the date is Monday the 10th from Hansard:

“It was definitely a discussion about dermatology. Dr Donahue’s name was definitely mentioned. I can recall it. I do not recall, and I have thought a lot about it, immediately after this, about the extent of that conversation, and I do not feel in any way that we divulged any private or confidential information that would be seen as being in breach of the legislation we live under. I am so sensitive to that, having gone through personally the Evelyn Gigantes release of information. I am above that. I just do not believe that I could have inadvertently even slipped out something about an amount of income or any other matter relating to Dr Donahue.”

That was testimony given by Dr MacMillan about what he recalls of what may or may not have been said that was confidential.

And again I come back to an article in the February 11 Ottawa Citizen, where one of the members of this committee on the opposition side states, and I quote, “It stretches one’s credulity to believe that this particular doctor’s practice, the size of his billings, were never discussed at any of these meetings with ministry officials.”

I ask you again very directly: With all of that in mind, do you recall anything at all being talked about regarding Dr Donahue that might be considered to be captured by the privacy of information act?

**Dr LeBlanc:** At the meeting on the—I do not recall the conversation turning itself to Donahue at all, so it goes without saying that I am not aware of anything that would have been construed even loosely as confidential information.

**Mr Christopherson:** Thank you. Further, do you recall any discussion about Dr Donahue—and I do not want to fly in the face of what you are suggesting—but any discussion at all about him being on the UAP list?

**Dr LeBlanc:** I think I was asked that this morning. I was aware. Given that I was in charge of the program at the time that he entered the program, was the responsible official, I cannot say how I knew, but yes, I did know that he was in the underserved area program. But I do not remember when I knew it or how, but my logical deduction, since I was responsible over the period in which he came in, is that I knew from some time in the past.

**Mr Christopherson:** Do you recall at all whether or not Dr Donahue’s name being on that list was discussed?

**Dr LeBlanc:** Again, I was not aware of any discussion of Dr Donahue that morning, so it follows that that issue was not discussed.

**Mr Christopherson:** Fair enough. I will be very brief. I would just like to just touch on the “political response” quotations contained in the November 13 memorandum from Susan Colley. I know you have testified to it again this morning, but since there have been further questions, I would just like to revisit it for a moment. As one of the people who received this, how did you interpret “political response”? What did that mean to you?

**Dr LeBlanc:** You have to read the whole paragraph. You see the reference. “It would appear...that this”—the

“this” is what I read in terms of a political response. What was not narrowly required was technical information, but what would be an approach to the situation. There had been prior discussion, following the minister’s letter not to extend categories, as to how one might respond to issues that would arise, and I mentioned too this morning alternative payment schemes in independent health facilities. Subsequently another model was developed, which were potential alterations of the underserved area program, which were in fact mentioned in the deputy’s text in the subsequent February meeting.

**Mr Christopherson:** A briefing note, not the one in question where there is some concern about whether it was a properly formed briefing note or not, but a regular briefing note that appears in a minister’s House book, briefing book—they have different terms—question period briefing book: Would you consider those briefing notes to be a political response?

**Dr LeBlanc:** Absolutely.

1530

**Mr Christopherson:** Do you assign any sinister connotation to the meaning “a political response” when you are drafting up a briefing note?

**Dr LeBlanc:** No. I think it is the litmus test in most cases of the appropriate construction of a briefing note, that it is in fact suitable for who is in fact consuming it, a politician working in a political environment.

**Mr Christopherson:** Do you believe that there is any kind of connotation to “partisanship” when a reference is made, as it is here, to a political response?

**Dr LeBlanc:** Not as I would function within it, no.

**Mr Christopherson:** And to the best of your knowledge, is this the same kind of briefing note/political response that any minister, regardless of the party, would be likely to have in the Legislature when preparing themselves for question period?

**Dr LeBlanc:** Yes.

**Mr Scott:** Or at a cocktail party.

**Mr Christopherson:** And the last thing I would like to ask is the—

Interjection.

**The Chair:** Order. Mr Christopherson.

**Mr Hope:** They just do not want to listen to the facts.

**Mr Christopherson:** There were some questions raised about the fact that minister’s staff would be on a mailing list for some of these briefing notes, urgent or otherwise. Is that unusual?

**Dr LeBlanc:** I think it is required.

**Mr Christopherson:** I am sorry? I could not hear you.

**Dr LeBlanc:** I think it is required.

**Mr Christopherson:** Why do you think it is required, Dr LeBlanc?

**Dr LeBlanc:** My experience has been, in doing the work that I do, including the preparation of briefing, that the contributions of minister’s staff have been constructive and useful.



**Mr Christopherson:** Thank you, doctor. Thank you, Mr Chair.

**The Chair:** Thank you very much, Mr Christopherson. Mr Owens.

**Mr Owens:** Dr LeBlanc, Mr Kormos had raised the issue of the censored document, and during that discussion you testified that, first of all, you yourself did not censor the document, and you started to state that there was another issue but stopped. Could you tell us what that second issue was?

**Dr LeBlanc:** A patient is mentioned in the document, and I think that there was nothing in the questioning or pertinence of anything that was to be developed that would require identification of the physician's patient. So the removal of that name removed that issue from further transmission.

**Mr Owens:** Without referencing the content of the note specifically, why was a briefing note of that type prepared?

**Dr LeBlanc:** Why was the Teatero material—

**Mr Owens:** Of that type.

**Dr LeBlanc:** I would remind you that the background questions that would ultimately have to be addressed by a briefing note involve some specific series of questions, such as, "What would be the effect?" and so on. In order to in fact look straight in the eye at those kinds of situations you would have to have more than general information, and I would emphasize that the material that was provided included summary information that, as I alluded to, would be necessary to assess some of the questions that had been specifically posed, and the ultimate disposition of that material would be shaped by a document that would go further abroad. But you have to have detailed information that would be in and of itself confidential in order to evaluate and prepare material which does not itself have to be confidential to go the next stage.

**Mr Owens:** The issue that caused some concern in northern Ontario and perhaps other areas of the province was the issue of the threshold. It is my understanding that the threshold was part of the agreement to reduce the high-volume, low-service practices. Is that correct?

**Dr LeBlanc:** It had a number of functions. It was in fact part of the agreement, and it would have the effect of deterring high-volume, low-efficacy practices. It would have other effects as well, but that would certainly be one of them.

**Mr Owens:** Did you say high-volume, low-efficacy?

**Dr LeBlanc:** Well, in the sense that if one had a practice which was constructed to deal with high volumes of low demand, meaning not-difficult-to-execute procedures, one could generate a form of mill which would produce a large amount of payment. There would no longer be a possible incentive to do that because the discount procedures would preclude that. But there were other advantages to it than that. For example, it would encourage the limitation of total workloads and the displacement of such work to new practitioners entering the system.

**Mr Owens:** Thank you, Mr Chair, wherever you are.

**The Chair:** Thank you very much, Mr Owens. Mr Kormos.

**Mr Kormos:** Physicians are entitled to seek exemptions from the threshold, are they not?

**Dr LeBlanc:** The agreement permits two types of exemptions, one which flows automatically from being in the underserved area program, and the second was a permissive one that allowed the minister to consider. She decided for this year not to consider extraordinary exemptions.

**Mr Kormos:** Notwithstanding that, Dr Donahue was actively seeking an exemption from the threshold, was he not?

**The Chair:** Excuse me. On the basis of that question, on the advice of counsel, I am advised that that question is one that is not properly put in public.

**Mr Kormos:** Thank you. Well, the question is proper; it is the answer you are suggesting is improper.

**The Chair:** I said the question and answer posed in the public.

Interjection.

**Mr Kormos:** Oh, give it a break.

**The Chair:** Mr Kormos—

**Mr Kormos:** Thank you.

**Mr Scott:** Try something else.

**Mr Kormos:** Mr Scott, I had fish and chips for lunch and they left me with a little bit of indigestion. I do not know what you had for lunch, but please do not eat it again on Monday.

**Mr Scott:** I can get my indigestion right in here.

**Mr Kormos:** You are certainly creating a remarkable impression on everybody and we will think well of it over weeks to come.

**Mr Scott:** Don't waste your time.

**Mr Kormos:** I have a lot of time here. Mr Scott has used up his time to ask you questions and now it is mine, and I want to hear what you have to say about the fact that Dr Donahue has been, in so far as you are aware, hard pressed to turn down a venue, has he not?

**Dr LeBlanc:** Hard pressed to turn down—

**Mr Kormos:** To turn down a venue, to decline to comment on his plight, as he sees it, with the threshold.

**Dr LeBlanc:** He was broadly available to the media and communicated through written material as well.

**Mr Kormos:** And he spoke at length on frequent occasions about his practice publicly, did he not?

**Dr LeBlanc:** Yes.

**Mr Kormos:** And he spoke at length about his search for an exemption from the threshold, did he not—publicly?

**The Chair:** Prior to you responding to that question, once again I remind you of that warning that was previously provided to you.

**Dr LeBlanc:** Could you repeat the question?

**Mr Kormos:** He spoke at length about his search for an exemption, publicly. That is to say, he spoke publicly about his search for an exemption, did he not?



**Dr LeBlanc:** I think I am in somewhat the same position as your counsel. I would have to do some confirmation before I would categorically say that it was said in a public arena.

**The Chair:** It could be posed in camera.

**Mr Kormos:** As well, he was clearly engaged in a public fight against the threshold, was he not?

**Dr LeBlanc:** Yes, that certainly is the case.

**Mr Kormos:** And he took that fight to, it would appear, as many people as he could possibly reach who would be relevant to that struggle.

**Dr LeBlanc:** Yes.

**Mr Kormos:** And that would include people like Floyd Laughren, who, although also the Deputy Premier, was an MPP for Nickel Belt.

Interjection.

**Dr LeBlanc:** I believe that he used all—

**Mr Kormos:** Excuse me; just a minute. I am having a hard time hearing what this gentleman has to say while Mr Scott is—

Interjections.

**The Chair:** Order. Mr Kormos.

**Mr Kormos:** Either Mr Scott should speak up so we can all hear him or pipe down so we can hear the doctor.

Would it surprise you to learn that it has become public record, be it accurate or not, that Dr Donahue's practice is a good two or three times larger than doctors' in the south?

**Dr LeBlanc:** Would it surprise me?

**Mr Kormos:** Yes.

**Dr LeBlanc:** No, it would not surprise me.

**Mr Kormos:** Would it surprise you to learn that it has become public record that Dr Donahue has indicated that to maintain a viable practice he would need a billing allowance of anywhere from \$800,000—

**The Chair:** Mr Kormos—

**Mr Kormos:** Please let me finish the question.

**The Chair:** No, I am responding to counsel.

**Mr Scott:** That question is improper.

1540

**The Chair:** Excuse me, please, Mr Scott.

**Mr Scott:** Sorry.

**The Chair:** Mr Kormos, I was responding to a concern raised by counsel to the doctor.

**Mr Page:** I am concerned that any response to that question has got to involve the witness, considering what he has vis-à-vis his confidentiality responsibilities, which we have struggled not to disclose at this hearing. Perhaps a fairer way is to put on the record the statement that is in the public record and ask if the doctor has heard that in the public domain. But to confirm something in the public domain when his only source of information is of a confidential nature I do not think is a proper way to deal with it.

**The Chair:** If there is a concern with respect to the witness responding to the question, then you are free to put that forward in an in camera question.

**Mr Kormos:** Got you. You are familiar with at least some of the newspaper articles written about Dr Donahue and his fight against the threshold, are you not?

**Dr LeBlanc:** Yes.

**Mr Kormos:** And you are aware that in those newspaper reports Dr Donahue is speaking of his own practice?

**Dr LeBlanc:** Yes.

**Mr Kormos:** Newspaper reporters, journalists, have attributed statements about Dr Donahue's practice to various sources.

**Dr LeBlanc:** Yes.

**Mr Kormos:** It has been suggested in at least one newspaper article that Dr Donahue bills as much as \$1 million a year, has it not?

**The Chair:** If there is—

Interjections.

**The Chair:** Excuse me, Mr Harnick, please; Mr Kormos is asking some questions. Mr Kormos, I would just like to advise that I have received advice by counsel.

**Mr Kormos:** Got you, Mr Chair.

**The Chair:** No, if you could let me finish, please. If you are responding to a particular article with the dollar amount, the way in which it could be posed is if you show that article to Dr LeBlanc.

**Mr Kormos:** I appreciate the help, Mr Chair.

**The Chair:** Thank you.

**Mr Kormos:** Let me stumble along. You are also aware, are you not, that it is public record that Donahue has some 10,000 to 15,000 new referrals per year, not counting repeat visits by existing clients?

**Mr Harnick:** On a point of order, Mr Chair: I do not understand what these facts are illustrative of, what the probative value of these are. What we are here for is not to character-assassinate the doctor, and that is all that these questions are related to.

**The Chair:** Thank you very much, Mr Harnick; that is a point of opinion. The way in which the questions are posed and the importance of them will be up to the questioner, Mr Kormos.

**Mr Kormos:** Are you aware of that? Are you aware of the public statement that Donahue has some 10,000 to 15,000 new referrals per year, not counting repeat visits by existing clients?

**Dr LeBlanc:** No, that does not come to mind.

**Mr Kormos:** Are you aware of the fact that Dr Donahue has indicated that 65% of his revenues from billing went to cover salaries and overhead costs?

**Dr LeBlanc:** That explicit number, no.

**Mr Kormos:** Are you aware of the fact that Dr Donahue is reported to have reached his cap, his threshold, in early November 1991?

**Dr LeBlanc:** I was aware that it was in the early fall. I do not remember it specifically as mid-November.

**Mr Kormos:** And the threshold is not applicable during the period of time when he is in the UAP, is it?

**Dr LeBlanc:** That is correct.



**Mr Kormos:** And the threshold starts at \$400,000? That is when the threshold kicks in?

**Dr LeBlanc:** Yes.

**Mr Kormos:** If he had reached that threshold in some mere three months upon leaving the UAP program, his \$400,000 in three months would suggest that his gross annual earnings are well in excess of \$1 million, would it not?

**Dr LeBlanc:** I made one incomplete answer earlier. The \$400,000 only applies to professional fees, not to technical fees, which are not counted for the threshold. Having said that, one can draw inferences about annual incomes by looking at when a person hits the threshold after coming off underserviced area programs. So it can only be estimates.

**Mr Kormos:** Fair enough. There is no secret about the fact that Donahue services a large area around Sudbury, from Cochrane to Parry Sound and Sault Ste Marie to North Bay?

**Dr LeBlanc:** Yes, he serves a very large area.

**Mr Kormos:** That he has 14 staff?

**Dr LeBlanc:** That I have seen reported repeatedly, and I believe it was in a document tabled in this room.

**Mr Kormos:** Six of them, only six of them, RNs?

**Dr LeBlanc:** I believe that I am also aware of the "six" figure as well, yes.

**The Chair:** Mr Kormos, I am sorry to interrupt, but again, on the advice of counsel, we are taking a presumption that the questions you are asking are gleaned from public documents, newspaper articles and the like.

**Mr Kormos:** Quite frankly, no. I am reading from a memo that was prepared October 31, 1991, to Floyd Laughren from one Nuala Doherty.

**Mr Scott:** Mr Chairman, could I make one point for the record? This inquiry, as I understand it, arises because the Minister of Northern Development dumped on a doctor in Thunder Bay with information that was either confidential or that was unsubstantiated. That is the inquiry; that is why we are here, because the propriety of that was raised in the House and was referred to this committee by the House. It did not seem to me starting out that the purpose of the committee was to continue the exercise further than it had gone at Thunder Bay and just repeat it. The issue is what the minister said and what the minister knew. The issue is not whether we can extract more information now that will be critical of a named doctor. This line is just not responsive to what we have to deal with at all.

**The Chair:** Thank you very much, Mr Scott. Mr Kormos, again—

**Mr Kormos:** I want to respond to that and I welcome the opportunity. I am somewhat concerned that here we are on Thursday, the fourth day of this process, and this committee has been marred throughout the last three and half days by persistent commentary from people like Mr Scott, who is a member of the bar of this province—you would not know it from his conduct during the course of this process—by Mr Conway and indeed by others, including Mr Eves,

who to the press would prejudice and predetermine determinations that this committee has been required to deliberate on and reach upon hearing all the matters put to it.

I find it a particularly repugnant thing for those people to be raising objection to, quite frankly, a pretty innocuous series of questions, questions which indeed will go a long way towards indicating that what appears to be confidential is far from confidential and indeed has been very, very public for a long period of time. We have had to listen to—

Interjection.

**Mr Kormos:** We have had to listen to their interruptions time and time again and they display a blatant disrespect for a process which their House leaders have committed themselves to. Perhaps if they are not capable of engaging in this process with integrity, their leaders ought to replace them with caucus members in their caucuses, if there are any, who can approach this process with integrity.

**Mr Harnick:** Give us a break, Peter.

**The Chair:** Mr Kormos, with respect to the calling of the witnesses and the rotation—

**Mr Harnick:** I am going to be ill.

**The Chair:** Order, please. Mr Kormos, with respect to the calling of the witnesses and the order of rotation and the time permitted, that is one which has been discussed and decided upon by the subcommittee. It has rotated. You now have the floor, Mr Kormos. One moment, please.

Interjections.

**The Chair:** Excuse me. Order, please. Mr Kormos has the floor for the government caucus. They do have time remaining. Mr Kormos, just prior to resuming your questioning, I understand and expect without interruption, counsel to the committee would like to express a certain caution for you to keep in mind as you proceed in your questioning, without interruption from the committee, so that the rotation and the questioning of witnesses may continue.

**Mr Kormos:** I look forward—

**The Chair:** Excuse me, please.

**Ms Jackson:** I am not sure that I would have characterized it as a note of caution, Mr Kormos. I simply said to the Chairman that it seems to me that the tenor of the decisions of the subcommittee, as I have been there, is that the purpose of the exercise, which all members share, is not to further disseminate information that ought not properly have been disseminated in the first place, let alone to misstate information that was never stated in the first place about Dr Donahue.

That said, to the extent that Dr Donahue has already put information about his practice into the public sphere, that clearly is proper cross-examination. Whether it is cross-examination, it is certainly proper evidence for the committee to hear.

1550

The one note of caution that I expressed to the Chairman for all members is that if those propositions are being put in evidence, I would hope that the members putting them have ascertained for sure that the statements have been put in the public domain by Dr Donahue.



**The Chair:** Mr Kormos, you may continue.

**Mr Kormos:** You are aware that Dr Donahue has stated that he has no cash flow?

**Dr LeBlanc:** For when?

**Mr Kormos:** During that period of time since the threshold kicked in, since his departure from the UAP and obviously after the three-month period or four-month period of time when he says he reached the threshold.

**Dr LeBlanc:** No, I am not aware that he said he had no cash flow.

**Mr Kormos:** Are you aware that he has indicated he has had to borrow from the Royal Bank to pay staff wages?

**Dr LeBlanc:** Him particularly, no.

**Mr Kormos:** Are you aware that he has indicated to MPPs for the north, both directly and publicly, that he would have to close his practice and return to the United States if he cannot get the exclusion or the exemption from the threshold on his billings?

**Dr LeBlanc:** The specific destination, no; but moving, yes.

**Mr Kormos:** He is essentially the only dermatologist serving northeastern Ontario?

**Dr LeBlanc:** No. There are two others.

**Mr Kormos:** The other two dermatologists are Dr Hradsky, who flies up to the north three times a month from Toronto—

**Dr LeBlanc:** He is one of them.

**Mr Kormos:** —and Dr Rinne, a retired doctor—

**Dr LeBlanc:** But he was still in practice.

**Mr Kormos:** —who has a modest number of patients.

**Dr LeBlanc:** Yes.

**Mr Kormos:** Dr Rinne has relatively few patients. The dermatologic consultation fee is \$49.60?

**Dr LeBlanc:** I do not keep that sort of number in my head.

**Mr Kormos:** Fair enough; the travel grant from Sudbury to Toronto is \$130.

**Dr LeBlanc:** That sounds about right, but I do not keep that number in my head.

**Mr Kormos:** Removing the threshold or cap would cost OHIP more money.

**Dr LeBlanc:** That has been a contention made publicly.

**Mr Kormos:** Are you aware of the extent to which Dr Donahue has enlisted the assistance of Ms Martel in his pursuit of exemption from the threshold?

**Dr LeBlanc:** I am aware that she has taken on the interests of northern physicians, in presenting a case, that they should be handled differently within the physicians' agreement.

**Mr Kormos:** Similarly for Floyd Laughren?

**Dr LeBlanc:** I do not have the same sense that he was as active. I think the Minister of Northern Development felt a special advocacy responsibility because of her responsibilities and that the Treasurer has some tension between his

responsibilities as a northern member and as Treasurer—on this issue, I should say.

**Mr Kormos:** The Toronto Star, in the Kevin Donovan article of January 26, 1992, indicates, based on information derived from its source: "An investigation of Donahue began in June of last year." Are you aware that the Toronto Star article states that?

**Dr LeBlanc:** I do not remember that article.

**Mr Kormos:** Are you aware that in the Toronto Star article Kevin Donovan quotes sources as indicating that—

**Mr Harnick:** Why don't you put the document—

**The Chair:** Order, please, Mr Harnick.

**Mr Harnick:** On a point of order, Mr Chair: How is the witness supposed to memorize verbatim what the Toronto Star said? At least Mr Kormos could have the courtesy to put the document in front of the witness so he can at least say, "Yes, that's what the article says."

**Mr Scott:** I would agree that he could file the whole article here and we will all make copies and read it again.

**Mr Harnick:** To sit here and listen to them—

**The Chair:** For your purpose, it is exhibit 21, by the by.

**Mr Kormos:** If these people keep getting excited like that, OHIP fees are going to go up even higher in this province. You are aware that it was reported in Kevin Donovan's Toronto Star article that Dr Donahue billed approximately \$1.25 million a year?

**Dr LeBlanc:** Where is that?

**Mr Kormos:** On the final page.

**Dr LeBlanc:** Yes. I see it in the middle of the left-hand column on the second side of the paper.

**Mr Kormos:** And have you heard that figure or a similar figure from sources—and I am not talking about sources that would be contained within OHIP or the ministry—in addition to Kevin Donovan in the Toronto Star?

**Dr LeBlanc:** Yes.

**Mr Kormos:** The article in the Toronto Star this morning, the one written by Ms Todd, leads with a paragraph which indicates: "Health ministry officials requested confidential information about a Sudbury doctor opposing New Democrat medicare policies after he took his complaints to the airwaves, an inquiry has been told."

You have read the memos which prompted Mr McBride and Mr Teatero to write the document that they did?

**Dr LeBlanc:** Yes.

**Mr Kormos:** Was there anything untoward about either of the memos that were conveyed requesting the information, which resulted in the memo prepared by Mr Teatero?

**Dr LeBlanc:** There is nothing improper in the request memorandum, no.

**Mr Kormos:** Was there a request for anything that the authors of those requests did not have a right to ask for?

**Dr LeBlanc:** No.

**Mr Kormos:** Was there anything less than usual about the request for information?

**Dr LeBlanc:** I do not say this to be flippant. These memoranda were particularly helpful in that there was



some specificity of request rather than a more general, "Give us some information." In that sense they were somewhat unusual.

**Mr Kormos:** They were better than the usual?

**Dr LeBlanc:** Yes.

**Mr Kormos:** And more helpful to you than the usual?

**Dr LeBlanc:** Yes.

**Mr Kormos:** And the concern that you have expressed about the sensitivity of information—

**Mr Harnick:** That is because it was spread all over.

**Mr Kormos:** Mr Offer, the public paying attention to this has got to have one heck of a time understanding how the people on this committee are going to engage in any degree of fairness, listen to what is being said to them and arrive at their conclusions only after hearing everything they have said, when they are subjected to outbursts like that of Mr Harnick. I would ask that the Chair caution the members of this committee to control themselves.

**The Chair:** Mr Kormos, please.

**Mr Kormos:** Thank you, Mr Chair. "Please" does not appear to work, Mr Chair.

**The Chair:** Mr Kormos, you have the floor. We have attempted to confine this to a certain time frame. I would very much appreciate, as I imagine all members would, if you would continue your questioning.

**Mr Kormos:** Thank you, Mr Chair. I appreciate the opportunity to do that. What has been spoken of as this sensitive information and the concerns about the fact that it was relayed has nothing to do with the fact that the recipients were not entitled to it, does it?

**Dr LeBlanc:** They were entitled to it, in my view.

**Mr Kormos:** The recipients of the e-mail from Mr Teatero and Mr McBride were entitled to receive what in fact was sent to them, were they not?

**Dr LeBlanc:** Yes.

**Mr Kormos:** By virtue of being either staff of the Ministry of Health or staff of the Minister of Health.

**Dr LeBlanc:** Yes.

**Mr Kormos:** And both those staffs swear oaths which require them to maintain confidentiality, do they not?

**Dr LeBlanc:** They are required, as a condition of their oath, to maintain confidentiality, yes.

**Mr Kormos:** And the concern, then, by Dr Mac-Millan and, I trust, shared by you was perhaps in direct reference to the Gigantes incident?

**Dr LeBlanc:** He certainly had his nerves closer to his skin by having been directly involved in that and, second, I do not believe that at the time he was forming his opinion he was aware that the name of a patient had been removed before the material went further.

1600

**Mr Kormos:** Because it is not a matter of the minister or her staff not being entitled to that, but it is a matter of why give it if it is not necessary?

**Dr LeBlanc:** Yes, I think that is fair to say.

**Mr Kormos:** Why engage in overload in terms of overinforming, such that information could inadvertently find its way to the inappropriate receptacle?

**Dr LeBlanc:** I think you would have to ask him directly, but that is a reasonable analysis.

**Mr Kormos:** So there is really nothing sinister about this conveyance of information by Mr Teatero to Mr McBride?

**Dr LeBlanc:** I thought not then.

**Mr Kormos:** But do you think now that there was anything sinister about it?

**Dr LeBlanc:** No, but perhaps in hindsight I would have proceeded somewhat differently if I was aware that it was going to become embroiled in such a public event.

**Mr Kormos:** Oh, sure. I mean, if we could wish this away, it would have been wished away a long time ago.

Now, look, we have got this memo from Sue Colley to Michael Decter, yourself, and Larry Corea—the November 13, 1991, memo. It references, "Subject: Dr Donahue," and it reads, "The Treasurer," first paragraph—

**Dr LeBlanc:** Yes.

**Mr Kormos:** "The Treasurer, as you know, is quite committed to cutting back costs and sticking to the government agenda, but he is unable to appreciate how/why capping the services of this dermatologist would be cost-effective."

**Dr LeBlanc:** Yes.

**Mr Kormos:** That is consistent with the Treasurer having taken up the cause of Dr Donahue, is it not?

**Dr LeBlanc:** He skated pretty close to it.

**Mr Kormos:** The expression of the Treasurer's concern, querying how threshold was going to improve the cost-effectiveness when it was applied to this dermatologist, Dr Donahue, is clearly stated here, is it not?

**Dr LeBlanc:** Yes. I inferred from that that the case analogous to the one that you had put relating to travel grants and so on had been put to him, and this was being communicated, seeking an analysis and a response.

**Mr Kormos:** Now, your breakfast meeting, that is November 30?

**Dr LeBlanc:** Yes.

**Mr Kormos:** Ms Martel's position was once again that of attempting to do what she could for her northern doctors, is it not?

**Dr LeBlanc:** Yes.

**Mr Kormos:** Her position was one of trying to see if there were ways and means whereby they could be relieved from any harshness that might result from the application of a threshold?

**Dr LeBlanc:** In whole or part, yes.

**Mr Kormos:** There was nothing to suggest to you that Ms Martel had access to any information about Dr Donahue at that point that was less than public, is there?

**Dr LeBlanc:** No, there was nothing that I was aware of.

**Mr Kormos:** As a matter of fact, and I am referring once again to that October 13 memo that I have made



reference to—I wonder if maybe we should not file this, Mr Chair.

**Mr Conway:** Agreed.

**Mr Kormos:** The October 31 menu. Menu—what do they call it?—memo. They are for distances only. The October 31, 1991, memo from Nuala Doherty to Floyd Laughren. You know, what has happened to this one is that the names have been kept in but the numbers have been removed; like the estimated population of Sault Ste Marie, that number was blacked out.

Interjection.

**Mr Kormos:** You see what has happened around here, doctor? How do I get this to you, Mr Chair? And my handwriting is on there in blue ink. And once that is an exhibit, I wonder if that could be shown to the doctor, to Dr LeBlanc?

**Mr Scott:** Could I ask who prepared this, who the author—

**Mr Kormos:** It is just something I came across. You will get it in just a minute, Mr Scott. Relax, relax, relax. You are going to hurt yourself.

**Mr Harnick:** I think that is an obligation to produce those documents for us.

**Mr Kormos:** And I did as soon as I got it.

**Mr Harnick:** I'll bet.

**The Vice-Chair:** Mr Kormos, our counsel has asked that it be reviewed and she will make a decision on it, or the subcommittee will review it to make a decision on it, to determine as to whether it has confidential information or not. Thank you.

**Mr Kormos:** Trusting, Mr Chair, that the subcommittee will make appropriate investigations in that regard.

**The Vice-Chair:** Yes, I think they will.

**Ms Jackson:** I think the answer, Mr Kormos, is that the subcommittee is not set up to provide investigations of what is true or not in this document, but it strikes me that there are things in it that appear to be confidential information. There may be an easy answer as to why they are not. That is something that I think would be appropriately considered by the subcommittee. I am sure that you and all members are sensitive to the fact that once confidential information is out there it cannot be pulled back, so we want to be very careful.

**Mr Kormos:** Now, Dr LeBlanc, you told us that although Dr MacMillan may not be overly familiar with Larry Corea, you know who he is.

**Dr LeBlanc:** That is correct.

**Mr Kormos:** And he is the coordinator of customer service at the Ministry of Health for the minister, is he not?

**Dr LeBlanc:** I am not familiar with his exact title, but he has a general policy responsibility.

**Mr Kormos:** And did you know that it reports to the executive assistant, Minister of Health?

**Dr LeBlanc:** No.

**Mr Kormos:** No? I will tell you what, I have got another document here, Mr Chair, and it is a job descrip-

tion for the coordinator, customer service. Perhaps we had better file that too. I do not know whether this is subject to the freedom of information guidelines or not. Again, counsel will undoubtedly tell us about that.

**Mr Scott:** I thought government job descriptions were closed to you, Peter.

**Mr Conway:** I would ask my friend from Hamilton to call a huddle to restore some order, if I could.

Interjections.

**The Chair:** Order. It is getting very difficult for the Chair and for counsel to hear.

**Mr Kormos:** To hear the dis coherent ramblings of Mr Scott, one is troubled by the impression the public has as to whether he could ever properly or ethically fulfil his responsibilities on this committee. I would hope that the Chair is as disturbed about it as people are who are watching this proceeding.

Interjections.

**The Chair:** Mr Kormos, you started some statement as I was—

**Mr Kormos:** Listen, we have got—

**The Chair:** Excuse me, Mr Kormos—

**Mr Kormos:** We have got a job description there.

**The Chair:** Mr Kormos, as I was asking members of the committee to tone down so that the Chair and counsel could hear some of the questions—

**Mr Hope:** Tone down?

**The Chair:** —and the responses. Thank you very much, Mr Hope. Mr Kormos, you were making some statement which we were unable to hear.

**Mr Kormos:** Okay, we have got a job description there; let's just leave it at that. There is nothing in your mind that prohibits Larry Corea from receiving, indeed, even confidential information, is there?

**Dr LeBlanc:** No.

**Mr Kormos:** And nothing improper about it?

**Dr LeBlanc:** No.

**Mr Kormos:** And in the normal course of doing things in the ministry, it would not be unusual for Larry Corea or any other number of people to receive the confidential information.

**Dr LeBlanc:** If it was pertinent to the work that they were doing, it would not be.

**Mr Kormos:** And was the e-mail from Mr McBride pertinent in the manner that you have just spoken of it?

**Dr LeBlanc:** My understanding is that the McBride memorandum was essentially a duplicate transmission of the Teatero—

**Mr Kormos:** Teatero-McBride.

**Dr LeBlanc:** Yes, and the Teatero memorandum was pertinent, I believe.

**Mr Kormos:** Thank you.

**Dr LeBlanc:** Except for the deletions I made.

**Mr Kormos:** Quite right. Thank you. That is all, Mr Chair.



**The Chair:** Thank you very much, Mr Kormos. As there are no further questions, I remind members that we are now going to recess for, I would think, 10 minutes, to move into camera, to disengage from Hansard and to

re-engage a transcript service and to replicate a certain piece of information. Ten minutes.

The committee continued in closed session at 1609.



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**Also taking part / Autres participants et participantes:**

LeBlanc, Eugene, Ministry of Health

Page, S. John, Cassels, Brock and Blackwell

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**Staff / Personnel:** Jackson, Patricia, Committee Counsel











CA204  
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ISSN 1180-436X

## Legislative Assembly of Ontario

First Intercession, 35th Parliament

## Official Report of Debates (Hansard)

Monday 17 February 1992

### Standing committee on the Legislative Assembly

Inquiry re  
Ministry of Health  
information

## Assemblée législative de l'Ontario

Première intersession, 35<sup>e</sup> législature

## Journal des débats (Hansard)

Le lundi 17 février 1992

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Enquête concernant  
certains renseignements  
du ministère de la Santé



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Published by the Legislative Assembly of Ontario  
Editor of Debates: Don Cameron



Publié par l'Assemblée législative de l'Ontario  
Éditeur des débats : Don Cameron

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# LEGISLATIVE ASSEMBLY OF ONTARIO

## STANDING COMMITTEE ON THE LEGISLATIVE ASSEMBLY

Monday 17 February 1992

The committee met at 1008 in room 151.

### INQUIRY RE MINISTRY OF HEALTH INFORMATION

**The Chair:** The Legislative Assembly committee will call this meeting to order. To begin, last week Dr LeBlanc, in his testimony, had given an undertaking to provide to members of the committee an extract from the communications press clipping file. We are now in receipt of that extract. It is now being circulated and will be marked as exhibit 36 for members' files. It is a piece of work that still had to be completed from last week's dealings.

For members of the committee, the calling of individuals before this committee today will be as follows: Dr Hollingsworth, Ms Evelyn Dodds, Mr Robert Dodds and Mr Larry Corea.

Having said that, I would like to now call Dr Hollingsworth.

**Mr Christopherson:** On a point of order, Mr Chairman: Could I just ask what happened with Dr Kosar?

**The Chair:** Dr Kosar is also scheduled to be called, but he has been out of town and will be scheduled just as soon as we can get hold of him.

**Mr Christopherson:** Thank you.

### JACK HOLLINGSWORTH

**The Chair:** If there are no further matters, we will now call Dr Hollingsworth. Good morning, Dr Hollingsworth.

**Dr Hollingsworth:** Good morning.

**The Chair:** Dr Hollingsworth, prior to the questioning, which will take place from Ms Jackson, at the outset the subcommittee has decided that all persons called to give testimony will be administered an oath. On that basis, Dr Hollingsworth, I would ask the clerk of the committee to administer the oath.

Jack Hollingsworth, sworn.

**The Chair:** Thank you very much. Dr Hollingsworth, once more, prior to Ms Jackson, counsel to the committee, posing questions to you, I would like to remind you that in the event you are asked a question which you cannot properly answer without divulging confidential information, could you then please advise the committee, and if there is not a way to disclose that information without divulging such confidential information, then the matter may be addressed in camera.

For members of the committee, I have already spoken earlier this morning with the subcommittee members that there will be the need at the end of this public hearing to move into an in camera session with Dr Hollingsworth. So I have put members of the committee on notice in that area. Having said that, Ms Jackson.

**Ms Jackson:** Dr Hollingsworth, you, sir, I understand graduated from University College in Dublin with an MD in 1979.

**Dr Hollingsworth:** That is true.

**Ms Jackson:** And you came to Canada, sir, in 1984?

**Dr Hollingsworth:** Correct.

**Ms Jackson:** You have, I understand, a fellowship in internal medicine which is recognized in both Ireland and Canada?

**Dr Hollingsworth:** That is correct.

**Ms Jackson:** A fellowship is in fact a formal recognition of your specialization in internal medicine?

**Dr Hollingsworth:** That is correct.

**Ms Jackson:** And within the specialty of internal medicine, sir, as I understand it, you have a further recognized subspecialty, and that is gastroenterology?

**Dr Hollingsworth:** That is correct.

**Ms Jackson:** And you have obtained your fellowship in gastroenterology in the United States, and as well in 1987 received your fellowship in gastroenterology in Canada?

**Dr Hollingsworth:** That is correct.

**Ms Jackson:** Sir, you presently live in Sudbury?

**Dr Hollingsworth:** That is correct.

**Ms Jackson:** You moved there in 1987, I believe, in August?

**Dr Hollingsworth:** Yes.

**Ms Jackson:** At the time that you moved there, sir, I understand you anticipated joining what we have come to know as the underserviced area program in Sudbury for gastroenterology?

**Dr Hollingsworth:** Yes.

**Ms Jackson:** Did you in fact become enrolled in the underserviced area program?

**Dr Hollingsworth:** I did.

**Ms Jackson:** When?

**Dr Hollingsworth:** There was some delay in getting enrolled, for, I guess, bureaucratic reasons. So from the evidence that you have got in your exhibits, it was not till June of the following year that I was finally enrolled in it, from what I understand from that document.

**Ms Jackson:** So you understand that you became enrolled some time in June of 1988?

**Dr Hollingsworth:** Yes, yes.

**Ms Jackson:** You have made reference to a document. Dr Hollingsworth, do I take it that you are referring to the document I showed you before the hearings commenced, which is exhibit 8, and in particular the list of specialists on the underserviced area program?

**Dr Hollingsworth:** That is correct.

**Ms Jackson:** Does the indication in that exhibit that you became enrolled in the underserviced area program in the summer of 1988 accord with your recollection, sir?

**Dr Hollingsworth:** It seems rather late, but it must be true if that is what is recorded. I had thought I had been enrolled before Christmas, but obviously that is true.

**Ms Jackson:** In any event, sir, the effect of being enrolled in the underserviced area program, we have heard, is that over a period of four years you receive a \$40,000 tax-free grant?

**Dr Hollingsworth:** That is correct.

**Ms Jackson:** On the basis of what you see in exhibit 8, which I take it you are accepting, it would suggest that you will complete your enrolment on the underserviced area program some time in the summer of 1992?

**Dr Hollingsworth:** That is correct.

**Ms Jackson:** Now, sir, you are associated with some hospitals in Sudbury?

**Dr Hollingsworth:** That is correct.

**Ms Jackson:** Which hospitals, Dr Hollingsworth?

**Dr Hollingsworth:** Sudbury General Hospital, Sudbury Memorial Hospital and Laurentian Hospital.

**Ms Jackson:** All right. I understand, sir, that you are also a member of the Sudbury and District Medical Society?

**Dr Hollingsworth:** Yes.

**Ms Jackson:** What is that, Dr Hollingsworth?

**Dr Hollingsworth:** It is a society of doctors who are joined in an attempt to forward medical services in the community and to act on behalf of the patients and the public and themselves to improve services in Sudbury.

**Ms Jackson:** On December 2 of last year, were you in Queen's Park on behalf of the Sudbury and District Medical Society?

**Dr Hollingsworth:** I was.

**Ms Jackson:** Were you with anyone?

**Dr Hollingsworth:** I came to Queen's Park with Dr Stephen Kosar Jr in order to lobby the standing committee on social development concerning Bill 135.

**Ms Jackson:** Is Dr Kosar a member of the Sudbury and District Medical Society as well?

**Dr Hollingsworth:** Yes.

**Ms Jackson:** When you say you were coming to lobby with respect to Bill 135, what bill was that?

**Dr Hollingsworth:** It was a bill that allowed the Ontario Medical Association to Rand fees from the doctors of the province whether they were members or not. The Sudbury and District Medical Society felt this was inappropriate.

**Ms Jackson:** You were coming to make those representations to the standing committee on social development.

**Dr Hollingsworth:** That is correct.

**Ms Jackson:** The Rand formula, as it is known, the deduction of dues for all doctors in the province, was a feature of the agreement between the OMA and the government which had been negotiated in the spring.

**Dr Hollingsworth:** Yes, that is correct.

**Ms Jackson:** When were you scheduled to make your presentation before the social development committee?

**Dr Hollingsworth:** As far as I recollect, it was approximately 3:30 or 3 o'clock in the afternoon. We flew down in the morning and arrived at the Legislature at approximately 10 o'clock and we spent the rest of the time lobbying as many MPPs as we could meet.

**Ms Jackson:** In the course of lobbying MPPs and seeing what you could do prior to your presentation, did you meet with Shelley Martel?

**Dr Hollingsworth:** I did.

**Ms Jackson:** How did that come about?

**Dr Hollingsworth:** We had a meeting with Ernie Eves and we had phoned her office from his office to arrange a meeting. That was not possible, so after we had lunch, we came back to the Queen's Park area and we went to the House where we saw she was sitting.

**Ms Jackson:** So you went to the visitors' gallery in the Legislature?

**Dr Hollingsworth:** Yes.

**Ms Jackson:** And you saw Shelley Martel sitting in the House?

**Dr Hollingsworth:** Yes.

**Ms Jackson:** What did you do then?

**Dr Hollingsworth:** We had her paged by one of the pages and we met her outside the House, just in the lobby.

**Ms Jackson:** You had her paged and she came and met you where?

**Dr Hollingsworth:** At the members' enclosure.

**Ms Jackson:** Where is that?

**Dr Hollingsworth:** It was in the east lobby of Queen's Park.

**Ms Jackson:** Just to the east of the Legislature?

**Dr Hollingsworth:** Yes. Mr Owens arrived during the course of our meeting. He could clarify that better.

**Ms Jackson:** In any event, you understood—it is an area for members, is it?

**Dr Hollingsworth:** Yes, it was the members' enclosure and she had to escort us into that.

**Ms Jackson:** So she met you outside and took you in.

**Dr Hollingsworth:** Yes.

**Ms Jackson:** What happened then, sir?

**Dr Hollingsworth:** We met with her for approximately an hour. We were really attempting to lobby her, because she was a local MPP and she was one of the three people who were key to our getting support for our objective. Our objective was to have the threshold billing caps lifted for northern Ontario.

**Ms Jackson:** Had you met Ms Martel before?

**Dr Hollingsworth:** No.

**Ms Jackson:** You say she was one of three key people with respect to your objective and you said your objective was to change the impact of the threshold. Was that the purpose of your meeting with Ms Martel?

**Dr Hollingsworth:** Yes.



**Ms Jackson:** Who were the other key people you had identified?

**Dr Hollingsworth:** Two of the key people were Mr Laughren, the Treasurer, who was essentially unreachable for our purposes—he was tied up with a lot of other problems, we were told—and Ms Murdock. I do not think she was in the House the day we were there, so we met with Ms Martel.

**Ms Jackson:** They were key people because of the area they represented or was it for some other reason?

**Dr Hollingsworth:** They were local MPPs. There was a major crisis in health care about to occur in Sudbury at that time because of the legislation that was proposed and because of the threshold caps.

**Ms Jackson:** You said you met with Ms Martel for about an hour. What do you recall of your conversation?

**Dr Hollingsworth:** I have made a summary of my conversation with Ms Martel and I have submitted it to you as an exhibit which I would like to read from if possible.

**Ms Jackson:** I would like you to give the committee your recollection, if you would. If it is helpful to you to refer to that note while you do so, that is fine. I take it you are indicating you would like to refer to that note?

**Dr Hollingsworth:** If you want me to give you my recollection, I can give you my recollection. My recollection is two and a half months old and it is not as accurate as the notes, most likely.

**Ms Jackson:** Let's start with this, Dr Hollingsworth: Let me ask you to give the committee what is currently your best recollection and then I am going to ask you to go back to the notes and clarify certain things in there. In giving your recollection, if you want to refer to the notes, you may do so.

**Mr Kormos:** Excuse me, if I may, Mr Chair. I appreciate very much the difficulty most people have in referring to a conversation without having an opportunity to refer to notes they might have made relating to it. There is certainly no contest or no concern here about the doctor being able to use those notes. If I were in his position, I would feel far more comfortable being able to refer to notes that I had made.

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**Ms Jackson:** I am content to proceed that way, Mr Chairman. I have given the clerk copies of the notes. Could he circulate those to members? You have a copy of your notes in front of you, as I understand it, Dr Hollingsworth, do you?

**The Chair:** Yes, the summary of the conversations will be distributed and marked as exhibit 37.

**Ms Jackson:** Dr Hollingsworth, when did you prepare those notes?

**Dr Hollingsworth:** Those notes were prepared December 11, 1991. There is the wrong date on those notes. It says 1992.

**Ms Jackson:** All right. Now using those notes to the extent that you need to to assist yourself, what can you recall of that conversation?

**Dr Hollingsworth:** Maybe I should read through the notes for the benefit of the committee and then I can go back to them.

"On Monday, December 2nd, 1991, in the members' enclosure of the east lobby of Queen's Park, at approximately 1400 hours, I met with Shelley Martel, in an unscheduled meeting, to discuss billing difficulties in northern Ontario and the proposed Bill C-135. Present for the interview, which lasted for approximately one hour, was Dr S. E. Kosar Jr, and also at one point near the end of the interview, Mr Owens, an MPP said hello to us and shook our hands and then left. He was not present for the interview.

"During the course of the interview, Ms Martel was extremely pleasant. She mentioned to us that she was familiar with our cases and she stated she had seen our files. She appeared to have the attitude that we were of good standing and personality and she stated, 'I know you are good guys.' Her attitude suggested that she knew our personal circumstances as they related to our practices.

"She gave me specific dates as to when I began and was due to end the underserviced area program, and knew more about that issue than I did. She knew our specialties and she knew how long we had been in Sudbury. She stated these facts to me.

"During the course of the interview, Ms Martel became particularly upset when she mentioned that four GPs in Sudbury were billing over the threshold limit of \$400,000. We asked her for their names and she declined to give them. She mentioned Dr Donahue's (a specialist's) case and said that what he was doing was 'totally unacceptable.'" At the time she said that, she said it in this way, "What he's doing is totally unacceptable."

**Ms Jackson:** When you say, "She said it in this way," you shook your head a bit—

**Dr Hollingsworth:** Yes.

**Ms Jackson:** —and you gestured with your hands.

**Dr Hollingsworth:** Yes.

**Ms Jackson:** Did she do that?

**Dr Hollingsworth:** Yes, she did exactly that.

**Ms Jackson:** All right, you shook your head back and forth.

**Dr Hollingsworth:** Yes.

**Ms Jackson:** And when you say she gestured with her hands, you are lifting your hands up in the air slightly.

**Dr Hollingsworth:** That is correct.

"She appeared to have information concerning Dr Donahue's practices that would not be generally available to the public. She mentioned that she had some concerns about his medical practices. On one occasion she stated, 'His practices are totally unacceptable,' on another occasion she stated, 'What Dr Donahue is doing is totally unacceptable.' We explained to her that there was a medical review council available from the College of Physicians and Surgeons of Ontario to review medical practices. This appeared to be new information to her and she expressed surprise and interest in this. She stated, 'I am surprised, I did not know about this.'



"She expressed concerns and agreed with us that the fly-in doctor program would not work and would only cost more money. We suggested to her that there were other ways to look at spending, and issues such as travel arrangements for patients and inappropriate referrals and unnecessary repeat examinations would be areas of interest perhaps to the government, which we were willing to help her with. She discounted this as an option.

"We explained our position that we wanted the billing threshold for all of northern Ontario lifted as a geographic zone. She expressed concerns about this, particularly in relation to Dr Donahue and those GPs who are billing over the threshold. She stated, 'A blanket lifting of the threshold cap would not fly with the rest of the cabinet, because they could not condone what Dr Donahue and the GPs are doing.'

"I telephoned Ms Martel in Toronto at her Queen's Park office on Tuesday, December 3rd, but I was unable to speak to her at that time. She returned my call shortly afterward that same day. At that time we discussed the billing situation for approximately 30 to 40 minutes by phone. At that time, she agreed that she knew an awful lot about me including many small facts that I was unaware of myself."

I would like to make a correction there. "Many small facts" should be "facts I was unaware of myself." She did not—

**Ms Jackson:** Instead of saying "many small facts," it should just be "facts?"

**Dr Hollingsworth:** Yes, "facts." "She did not deny this by phone."

Actually, in that conversation, as a clarification to this exhibit, I would like to state that we had been trying to lobby her, and I remember saying to her: "Look, you seem to know an awful lot about me. You seem to know my phone number, my date of birth, a lot of personal things, and yet this information, you're not using it in a way that's constructive." I used this as an attempt to get her to agree to have some lifting of the threshold caps.

"She did not deny any of this by phone. I again beseeched her to try and help us as the local MPP to get Sudbury and the northern Ontario region exempted from the billing threshold cap.

"Finally, the conversation came to an end and she agreed to try to get us a meeting with the Minister of Health and told us she had tried on the Monday and failed, and would keep trying again until the weekend. During this telephone conversation, she did not disclose to me any new information from my personal file, but after the previous day's conversation I was left with the opinion she knew my billing practices.

"On December 11, 1991, I gave an interview to CBC Sudbury in which I stated that Ms Martel had told us that she had seen our files and had relayed this information to Dr Kosar and myself. This was a follow-up to the information concerning the case of the specialist in Sudbury that Ms Martel had made comments about at a public function. The issue of confidentiality had not struck me at the time I met with Shelley. Indeed I was impressed by her personality and her goodwill.

"In anticipation of this inquiry, I have prepared these notes which summarize my conversations with Ms Martel.

"These notes were prepared December 11."

**Ms Jackson:** Dr Hollingsworth, in certain places in those notes you have put remarks in quotations. Do I take it that where you have put those remarks in quotations, you are quite sure that those are the words that were used?

**Dr Hollingsworth:** The only place I am not 100% sure is page 3, paragraph 1, "She stated 'a blanket lifting of the threshold cap,'" that quotation. It was a long conversation and I cannot recall whether she included the GPs in that comment or it was just Dr Donahue. I am just not sure, but I know she definitely said that about Dr Donahue. The course of the conversation suggested that there were going to be no GPs exempted from the cap because the complement of GPs was about 80% of expected compared to down south. So I am not sure whether that included the GPs.

**Ms Jackson:** Now, dealing first of all with the comments—sorry, in other areas where you make reference to what she said but you do not put the comments in quotations, may we take it that that is the general gist of what she said but you are not sure of the exact words?

**Dr Hollingsworth:** Yes. I cannot be sure of the exact words now. At the time I made the notes, the quotations were firm and the general tone of the conversation is reflected in the rest of the document.

**Ms Jackson:** But in respect of the words that are not in quotes, when you made these notes on December 11, can the committee take it that you were not sure of the exact words that she used if you have not put them in quotes?

**Dr Hollingsworth:** Which words are you referring to exactly?

**Ms Jackson:** I had not thought of any at the moment, but I am just trying to understand the general principle that you used when you made reference to these notes.

**Dr Hollingsworth:** There was no suggestion that the rest of the notes were inaccurate at the time I made them. They were—

**Ms Jackson:** I am not suggesting that, Dr Hollingsworth. I am just trying to understand the difference between what you have put in quotes and what you have not. I take it, with the one exception that you have just described on page 3, where you have put something in quotes, you were quite sure on December 11 of the words used? Is that fair?

**Dr Hollingsworth:** Yes. I think for purposes of the inquiry, I was quite sure of the quotations.

**Ms Jackson:** And where you have not put the matters in quotes, you are quite sure of the general sense of what she said but you are not sure of the exact words.

**Dr Hollingsworth:** I cannot recall the exact words; yes, that is true.

**Ms Jackson:** Okay. Now, dealing with the comments concerning Dr Donahue that you make reference to on page 2, can you tell the committee, first of all, when in the conversation this issue of Dr Donahue came up?



**Dr Hollingsworth:** It came up after, I would say, about 10 minutes. It was not very long into the conversation that she mentioned Donahue herself.

1030

**Ms Jackson:** In what context did it come up?

**Dr Hollingsworth:** We were there to lobby and we immediately, as soon as we could, went to our pitch, which was that we really felt we already had underservicing in northern Ontario, that there was a gross lack of specialists in particular and that there should be a blanket lifting of the threshold caps. That brought that remark from her when we stated that.

**Ms Jackson:** Did you know at the time to whom she was referring? Did you know of—

**Dr Hollingsworth:** She mentioned him by name.

**Ms Jackson:** Did you know who he was?

**Dr Hollingsworth:** Yes.

**Ms Jackson:** The words you have put in quotation marks make reference to what Dr Donahue was doing being “unacceptable” or “totally unacceptable.” What did you understand she was referring to as being unacceptable?

**Dr Hollingsworth:** She stated his medical practices were unacceptable.

**Ms Jackson:** She stated his medical practices—the part you have in quotes at the middle of page 2 says, “On one occasion she stated, ‘His practices are totally unacceptable.’” You have not put medical practices in quotes.

**Dr Hollingsworth:** It was a long conversation. I think the only practices she could be referring to would presumably be medical practices. As far as I recall, she used the words “medical practices.” I cannot be 100% sure on that. She definitely was talking about his medical behaviour; I mean his behaviour in relation to his practice.

**Ms Jackson:** You certainly understood that she was talking about medical practices.

**Dr Hollingsworth:** Yes.

**Ms Jackson:** Is it fair that you are not sure specifically whether or not she used the words “medical practices” as opposed to “practices”?

**Dr Hollingsworth:** That is fair but, I mean, in the context of conversation, we were doctors from Sudbury talking about billing thresholds. It is fair to assume “practices” related to medicine.

**Ms Jackson:** That certainly was what you did assume.

**Dr Hollingsworth:** Yes, that is what we took her to mean.

**Ms Jackson:** Is it possible that she might have been referring to Dr Donahue’s practices in terms of his practices at that time dealing with the media and this issue?

**Dr Hollingsworth:** No, that was not the context of it at all.

**Ms Jackson:** When she made those remarks, did she elaborate at all as to what she was referring to in terms of the practices that were unacceptable?

**Dr Hollingsworth:** She did not give specific instances or mention any cases of patients or anything like that.

**Ms Jackson:** Did she say what she found unacceptable?

**Dr Hollingsworth:** No, she did not.

**Ms Jackson:** Did she say anything at all about the unacceptability of his practices beyond what you have specifically noted on this page?

**Dr Hollingsworth:** There was no specific reference given.

**Ms Jackson:** How did you respond to those comments?

**Dr Hollingsworth:** We were shocked. I was surprised because this appeared to be a side issue to me. We were down here to try to get some progress in this situation that was going to become rapidly explosive, because we were going to be faced with no obstetricians, no cardiovascular surgeons and no cardiologists. It was going to go on and on and on, and it was not going to be long before there were very few medical services in Sudbury. It was a very difficult situation and we were there to try to get some progress. It was really not our aim to talk about this issue, so we did not dwell on it.

**Ms Jackson:** You say you were shocked. Did you say anything to Ms Martel concerning the comments she made about Dr Donahue?

**Dr Hollingsworth:** Yes. We told her that if a doctor’s practices were unacceptable, there was a medical review council to review practices. She then said she was surprised—

**Ms Jackson:** Apart from making reference to the existence of the medical review council, did you make any other response to her remarks about Dr Donahue?

**Dr Hollingsworth:** I cannot answer that question because I cannot recall.

**Ms Jackson:** Do I take it that except for the comment that you note later on page 3, that “a blanket lifting of the threshold cap would not fly with the rest of the cabinet because they would not condone what Dr Donahue” was doing, apart from that comment, the only comments you can recall about Dr Donahue are those noted on page 2?

**Dr Hollingsworth:** At this time that is all I can recall.

**Ms Jackson:** You make reference as well at the top of the page to the fact that, “She mentioned that four GPs in Sudbury were billing over the threshold limit of \$400,000.” When in the conversation did that come up?

**Dr Hollingsworth:** I think that happened early in the conversation, because—

**Ms Jackson:** Was that before the remarks about Dr Donahue or after?

**Dr Hollingsworth:** Around the same time, actually. I think the remarks about the GPs were made earlier on. We were not that worried about the GPs because we felt that with 80% of the complement needed, or suggested to be needed by southern Ontario figures, the main issue was to get the specialists exempted from the cap so that they could get on with their work.

**Ms Jackson:** Did she say anything else about the four GPs, other than that they would be billing over the threshold?

**Dr Hollingsworth:** I think there was a statement to the effect more or less that the GPs would be excluded



from the conversation because there was a sufficient quota of GPs. The GP issue was kind of put to one side, as far as I recall.

**Ms Jackson:** Did she say anything to you that indicated that she knew which GPs were over the threshold?

**Dr Hollingsworth:** She declined to give their names, but she did not say whether she knew their names or not.

**Ms Jackson:** And did she say anything at all about the four GPs apart from what you have now told the committee?

**Dr Hollingsworth:** She made no remarks about their practices or about their standing. There were no other remarks about the GPs.

**Ms Jackson:** Did she say anything that would tend to identify any of them?

**Dr Hollingsworth:** No. In fact, I had said to her that: "Look, maybe these GPs are working three shifts a day. Maybe they're working in a walk-in clinic at night and running a nursing home and doing a practice and working emerg shifts on weekends," and she said, "No, they're not." Or she shook her head anyway. I mean, maybe she did not say no, but she shook her head. But she did not give me any specific information about them.

**Ms Jackson:** So are you able to tell the committee whether her response was a dismissal of the issue or a dismissal of your remarks or anything else?

**Dr Hollingsworth:** I cannot, actually. I cannot honestly answer that question.

**Ms Jackson:** All right. Then coming back to the first page of your notes, where you make reference to her familiarity with your own cases, when in the conversation did the question of the familiarity with your own cases come up?

**Dr Hollingsworth:** Immediately.

**Ms Jackson:** Before the remarks about Dr Donahue and the four GPs?

**Dr Hollingsworth:** Yes.

**Ms Jackson:** All right. You said, "She mentioned to us that she was familiar with our cases." What is your best recollection of what she said?

**Dr Hollingsworth:** She said, "I know you're good guys."

**Ms Jackson:** Is that all she said that indicated she was familiar with your cases?

**Dr Hollingsworth:** During the course of the conversation—early on in the conversation, in fact—we introduced ourselves, told her our names, and she said she knew who we were. She knew, in my case, when I was finishing the underserviced program. Even though this was an unscheduled meeting, she was able to tell me the date that my underserviced program would be expired. We told her that we were not there on our own behalf, that both of us would probably not reach the threshold this year, but that we were there to represent the problems of the community and as advocates for the rest of the specialists and the patients, and there would be problems of underservicing very quickly.

**Ms Jackson:** Did she respond to that?

**Dr Hollingsworth:** Yes, she said, "Fine," or some remark like that.

**Ms Jackson:** She said what?

**Dr Hollingsworth:** "Fine."

**Ms Jackson:** After you said you would not reach the threshold she said "fine"?

**Dr Hollingsworth:** I must say I cannot recall whether she said she already knew that, but as the conversation went on, she seemed to know an awful lot that surprised me. But I cannot swear under oath that she said she knew that already.

**Ms Jackson:** All right. You say she knew the dates when you began and ended with the underserviced area plan. Can you look, please, at exhibit 8, which is in that black book in front of you, Dr Hollingsworth. Exhibit 8 is a rather large document, unfortunately without page references. I want to refer you to a place about two thirds of the way through the exhibit where there is a long list of specialists on program. In particular, under the h's I am going to first of all ask you to look at your own name.

**Dr Hollingsworth:** Okay.

**Ms Jackson:** You are shown there as an internist who begins the underserviced area program on the seventh day of the sixth month in 1988, and you have indicated earlier you think that is probably correct. Is that the date that Miss Martel referred to?

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**Dr Hollingsworth:** Yes. She referred to June. She did not refer to the day of the month, she referred to the month.

**Ms Jackson:** All right. And what did she say as to when you finished on the underserviced area program?

**Dr Hollingsworth:** She said that I was not subject to a threshold limit and that I was on the underserviced program, therefore would be exempted. Dr Kosar then produced his letter from Ms Lankin of November 14 stating that there would be no more exemptions granted. I have my own copy here.

**Ms Jackson:** I am sorry, but can we just come back to the earlier question, Dr Hollingsworth? Did Ms Martel say anything about when you would finish on the underserviced area program?

**Dr Hollingsworth:** Yes. She did.

**Ms Jackson:** What date did she say you would finish?

**Dr Hollingsworth:** She said I would not be finished till June of 1992.

**Ms Jackson:** And that would follow automatically—

**Dr Hollingsworth:** Four years.

**Ms Jackson:** —from the fact that you began in 1988.

**Dr Hollingsworth:** Yes.

**Ms Jackson:** Everybody finishes four years after they begin.

**Dr Hollingsworth:** Yes.

**Ms Jackson:** Can you turn the page for a moment and look at Dr Kosar's name on the next page? You said that she made reference to when you began on the underserviced



area program. Did she make similar reference with respect to Dr Kosar?

**Dr Hollingsworth:** I cannot recall a similar reference, but she did know that both of us were on the underserved area program; I know that.

**Ms Jackson:** You indicate in your notes that she knew your specialties. What did she say about your specialty?

**Dr Hollingsworth:** I introduced myself and I told her I was Dr Hollingsworth and I was representing the medical society and I was a specialist in Sudbury and I was a gastroenterologist and she said, "Yes, I know that."

**Ms Jackson:** And what did she say with reference to Dr Kosar?

**Dr Hollingsworth:** I think she knew he was an ophthalmologist before he told her. I think she came forward with that. It is difficult to recall; it is two and a half months ago. But she definitely knew him. He had been on the underserved program before, in Bonfield, near North Bay. I think he talked to her about that too.

**Ms Jackson:** Did he initiate that reference to being on the underserved area program in Bonfield or did she?

**Dr Hollingsworth:** I think he did.

**Ms Jackson:** All right. Now, was there anything else she said that indicated she knew of your particular cases, apart from the references to your specialties, the dates you were on the underserved area programs and that you were good guys?

**Dr Hollingsworth:** No, she gave no specific numbers or amounts or, you know—she had no other statistics at that time. But she did know the dates and the fact I was on the program.

**Ms Jackson:** You say in the last part of the second paragraph of exhibit 37, "Her attitude suggested that she knew our personal circumstances as they related to our practices." What was it that you thought she knew?

**Dr Hollingsworth:** My impression after our conversation on December 2 was that she knew how much I billed.

**Ms Jackson:** And from what did you get that impression?

**Dr Hollingsworth:** Well, the fact that she was extremely pleasant, extremely receptive to our—you know, our lobbying. She said, "I know you're good guys." We explained to her that we were probably not going to reach the threshold that year, and there seemed to be no surprise. There was no, you know—she did not say, "Gee, aren't you good guys for coming down when you're not going to be involved yourselves," or something. She just said, "Yeah, okay." She did not seem to be—there was nothing that I presented to her that seemed to surprise her.

**Ms Jackson:** Although if she knew that you were on the underserved area program, she would know that the threshold, one way or another, did not pose a particularly pressing problem for either of you.

**Dr Hollingsworth:** Well, in fact I think that is wrong. I have a letter here dated November 14 which states that there will be no further threshold payment adjustments. And there was a great deal of confusion among the doctors

as to what exactly was the truth at that time. Within a couple of days we had received two letters from the Ministry of Health.

**Ms Jackson:** Mr Chairman, I think it would be a good idea if we obtained a copy of that letter from Dr Hollingsworth and marked it as the next exhibit. We will make copies perhaps at the next suitable break.

**The Chair:** That letter will be marked as exhibit 38.

**Ms Jackson:** Dr Hollingsworth, that letter appears to indicate that there are not going to be any further exemptions under the threshold.

**Dr Hollingsworth:** That is correct.

**Ms Jackson:** Under the original OMA/government agreement, there were two categories, as I understand it, of general exemptions, one related to people who were in the underserved area program. Did you understand that?

**Dr Hollingsworth:** Well, in fact, you are referring to the memorandum of agreement between the OMA and the government—

**Ms Jackson:** That is right.

**Dr Hollingsworth:** —and that section 10(a)(i) and 10(a)(ii), which is all at the discretion of the Minister of Health. So there was no blanket exemption given in that document.

**Ms Jackson:** So you did not understand—

**Dr Hollingsworth:** So we were confused at this time.

**Ms Jackson:** Just so we understand your state of mind when you were having this conversation with Ms Martel, I take it from what you are saying that you did not understand that people who were on the underserved area program—

**Dr Hollingsworth:** Yes.

**Ms Jackson:** —were automatically exempt from the threshold.

**Dr Hollingsworth:** Exactly. That is correct, yes.

**Ms Jackson:** So whatever Ms Martel might have thought, you did not assume that because you were on the underserved area program you were clear of this threshold problem.

**Dr Hollingsworth:** That is correct.

**Ms Jackson:** But you do not know, of course, whether Ms Martel might have assumed that you were. Correct?

**Dr Hollingsworth:** That is correct.

**Ms Jackson:** What you knew from this letter was that if you did not have an automatic exemption by virtue of being on the underserved area program, you were going to lose the opportunity to have any further exemption, because the letter indicates that no further discretionary exemptions were going to be granted.

**Dr Hollingsworth:** That is correct.

**Ms Jackson:** So when you had the meeting that you did on December 2, your assumption about your own status was that the threshold might well—that you would not be protected from the threshold by virtue of the underserved area program.

**Dr Hollingsworth:** Well, that is correct, and the point we made to Ms Martel was that neither Dr Kosar nor



myself were likely to reach the amount of money necessary to be subject to the threshold.

**Ms Jackson:** That is what I wanted to explore, Dr Hollingsworth. From your point of view, since you were not automatically exempted from the threshold because of the underserviced area program, your view would be that the question of whether you were affected by the threshold or not would be directly related to your income.

**Dr Hollingsworth:** Yes, exactly.

**Ms Jackson:** Whereas, if somebody thought you were automatically exempted from the threshold by virtue of being on the underserviced area program, that person would conclude that you would not have a problem, because you were on the underserviced area program.

**Dr Hollingsworth:** Yes. But my statement was that Ms Martel did not express any surprise when we told her we would not reach the amount of money necessary to be subject to the threshold caps. That is my statement.

**Ms Jackson:** I understand that, but she did not indicate to you whether she was aware of that or not before you told her.

**Dr Hollingsworth:** She did not say one way or the other whether she knew how much I had billed or whether she did not.

**Ms Jackson:** Okay, all right. Now, you mentioned, in the course of your evidence, and I think you made this point in relation to the telephone call the next day, that she knew your phone number and date of birth. Was that something she told you in the phone call or in this meeting on December 5?

**Dr Hollingsworth:** No, I was merely illustrating the fact that she had been doing a lot of work on this issue. She appeared to me to be very well prepared, to have a reasonable grasp of what was happening in the whole issue, and in my particular circumstances, and Dr Kosar's, she appeared to have a very good grasp.

She did not actually know my date of birth or my phone number. I merely said that to her, you know, "You appear to have these facts, and you appear to know a lot of things about me, and yet the direction you are going in, it seems to me to be the wrong direction." So the point I was making to her was that she was doing a lot of work that was going in vain. That was the point I was making.

**Ms Jackson:** All right. In terms of the specific knowledge or impression that she gave you about your personal situation, she knew when you began and ended on the underserviced area program, what your specialty was, and appeared not to be surprised by the information that you would not meet the threshold this year.

**Dr Hollingsworth:** Exactly. Yes, that is precisely it.

**Ms Jackson:** Is there any other indication she gave you of knowledge of your personal situation?

**Dr Hollingsworth:** Well, her whole attitude throughout the course of the meeting was extremely helpful, and when she was speaking about Dr Donahue her attitude was very much the opposite—

**Ms Jackson:** Does the fact that—

**Dr Hollingsworth:** —so that it seemed to me she had a preconceived idea of who I was, what I was doing, and also of who Dr Donahue was and what he was doing.

1050

**Ms Jackson:** All right. Is there any other information that she gave you that suggested she knew your personal circumstances?

**Dr Hollingsworth:** No, no other information.

**Ms Jackson:** You say in your notes, "She mentioned to us that she was familiar with our cases, and she stated she had seen our files." Now, that is not in quotes. Do we take it from what you said earlier that she may or may not have used those words?

**Dr Hollingsworth:** Well, there is no dispute about these facts, because if you have her statements on CBC Radio from December 12, she stated that she had seen my files, but they were the underserviced area files.

**Ms Jackson:** I understand that, Dr Hollingsworth, and ultimately the committee, of course, is going to hear from Ms Martel. But what the committee needs to know today is what you remember and what you do not remember.

**Dr Hollingsworth:** I remember her saying she had seen my files.

**Ms Jackson:** So she did use those words.

**Dr Hollingsworth:** Yes.

**Ms Jackson:** All right. Why did you not, then, put that in quotes?

**Dr Hollingsworth:** Well, I can put it in quotes. She stated "she had seen my files."

**Ms Jackson:** And on reflection, you should have done that?

**Dr Hollingsworth:** Perhaps I should have, yes.

**Ms Jackson:** All right. You say at the bottom of the page, "she knew how long we had been in Sudbury." You have indicated you had been in Sudbury for the better part of a year before you began on the underserviced area program. Did she indicate to you when you actually came to Sudbury or when you became on the underserviced area program?

**Dr Hollingsworth:** No. I mean, to my mind, when I came to Sudbury, I applied for the underserviced area program and there was some delay. In my recollection, it seems an extraordinarily long time, because I had, you know, pre-registered with the program, and it had taken me that long to get on to it. I was surprised and I still am. When I say that, I think there is a blur in my mind between the two. Obviously, there is a gap of almost 10 months, which I do not consider all that significant. She did not indicate that she knew when I moved to Sudbury any other way except through the underserviced program, if that is the point you are making.

**Ms Jackson:** Yes, that is what I was trying to understand. Thank you.

Now turning to page 3 of your notes, Dr Hollingsworth, you indicate, "She stated 'a blanket lifting of the threshold cap would not fly with the rest of the cabinet because they could not condone what Dr Donahue



and the GPs are doing,” and you have indicated that, on reflection, you are not sure she put the GPs in that group. In what context did the balance of that comment come up?

**Dr Hollingsworth:** Could you repeat the last bit of your question, please? In what context—

**Ms Jackson:** What were you talking about that elicited this comment from Ms Martel?

**Dr Hollingsworth:** Okay. I think this was probably towards the end of the conversation. We were lobbying to have the threshold caps lifted, and she made the statements that I have quoted. But earlier in the conversation, we had discussed quotas and complements of doctors, and I think there was agreement between her and us that there was a reasonable quota of general practitioners in Sudbury. So I cannot be 100% sure that the GPs were included in that particular statement, but they were definitely discounted from any lifting of the threshold cap in the conversation. But I do remember her saying that about Dr Donahue.

**Ms Jackson:** So this was put forward as one reason why a blanket exemption from the threshold for the entire area would not work.

**Dr Hollingsworth:** Yes. I mean, I think the point she made was that they wanted to go through each case, you know, to vet each case, and there have been subsequent meetings between the medical society representatives and the Ministry of Health. I think the overall thrust is towards some local organization such as the district health council having control over the doctor's income and saying each year, “We think what you're doing is okay,” or, you know, “We think some of your work could be done by general practitioners.” There appears to be a thrust in that direction.

**Ms Jackson:** Did she say what it was that Dr Donahue was doing that cabinet would not condone?

**Dr Hollingsworth:** No, except that she had earlier said his practices were unacceptable.

**Ms Jackson:** No other specification of what was unacceptable when she made this comment—

**Dr Hollingsworth:** No.

**Ms Jackson:** —beyond what she had made earlier.

**Dr Hollingsworth:** But in my mind, I am 100% sure she was not referring to his media episodes, where he had been quite frank with the media in his criticism of the government. There was no focusing on that in the whole interview with Ms Martel.

**Ms Jackson:** Okay. No reference to how he dealt with the media at all.

**Dr Hollingsworth:** No.

**Ms Jackson:** All right. Now then, you indicate you spoke to Ms Martel the next day by telephone. When was that?

**Dr Hollingsworth:** It was approximately noon before she got back to me.

**Ms Jackson:** What was your purpose in calling her on that occasion?

**Dr Hollingsworth:** When we had lobbied her, we had mentioned to her that we were willing to come to Toronto and meet with the Minister for Health at any time to explain

to her the problems we could foresee in Sudbury, and if she would just give us a date or a time, any time, we would come down and meet. We wanted to explain to Ms Lankin the problems that were going to be faced in Sudbury, so the follow-up conversation was to try to get a meeting with the Health minister.

**Ms Jackson:** Do I take it from your earlier testimony that she said nothing in the course of that conversation that indicated a greater knowledge of your personal situation than what she had revealed the previous day?

**Dr Hollingsworth:** No, there was nothing in that conversation that indicated further knowledge.

**Ms Jackson:** In the conversation the previous day, was there any other discussion of any other specific physician or physicians?

**Dr Hollingsworth:** No.

**Ms Jackson:** Was there in your telephone conversation of December 3?

**Dr Hollingsworth:** No, there was not.

**Ms Jackson:** Now, Dr Hollingsworth, could I ask you to turn up exhibit 23 in that black book that is beside you, please. What you are looking for, so you know, Dr Hollingsworth, is a transcript of an interview on December 11 at 7:50 in the morning on CBC's Morning North, Sudbury.

**Dr Hollingsworth:** Yes, I have got it here.

**Ms Jackson:** Do you have that?

**Dr Hollingsworth:** Yes, I have it here.

**Ms Jackson:** That, sir, is an interview that you did give on that day?

**Dr Hollingsworth:** It is.

**Ms Jackson:** Could I ask you to turn to the two last pages of the interview, Dr Hollingsworth? At the bottom of the second-last page, you make the comment: “Could I just make one more comment with respect to files. You know, I didn't realize this, but—I didn't realize that the politicians were entitled to have our files, but Mrs Martel did have my file. She told me she'd seen my file when I met with her and this question about a doctor's—she wasn't referring to me in that conversation with Mrs Dodds, but she did have access to my file and Dr Kosar's file and she said that to both of us in her—”

**Dr Hollingsworth:** I do not have that.

**Ms Jackson:** You do not have that?

**Dr Hollingsworth:** I do not have that page. I am missing page 6 in this file. Page 8 is gone too.

**Ms Jackson:** Well, let me show you my copy of this exhibit and ask you just to read from the bottom of page 8 of the interview, I guess, over to the end of your remarks at the end of the page, and then I will ask you a couple of questions about that.

**Dr Hollingsworth:** “Dr Hollingsworth”—

**Ms Jackson:** I am sorry. Just read it to yourself. I have read it into the record. If you could just familiarize yourself with what you said.

**Dr Hollingsworth:** Okay.



**Ms Jackson:** Now you say there in the following paragraph, Dr Hollingsworth: "I'm saying she told me she'd seen my file. She knew when I entered the underserved area program. She knew statistics about me that I must say I didn't know myself." What statistics were you there referring to?

**Dr Hollingsworth:** The specific dates of entry to the program.

**Ms Jackson:** Of the underserved area program?

**Dr Hollingsworth:** Yes.

**Ms Jackson:** Now, Dr Hollingsworth, in that interview, you do not make any reference to the comments that are in your notes about Dr Donahue. Why is that, sir?

**Dr Hollingsworth:** Well, I do not think it is appropriate to discuss a doctor's medical practices on CBC Radio. That is the major reason.

**Ms Jackson:** All right. And you made the notes, sir, on December 11. Why did you make notes?

**Dr Hollingsworth:** Okay. After I gave the interview on CBC, my own lawyer had been listening to the radio and he came to my office and suggested I make notes for this very reason.

**Mr Stockwell:** Good lawyer.

**Ms Jackson:** Right. Mr Chairman, the one remaining area, the one remaining question I have for Dr Hollingsworth will elicit personal, confidential information and I would defer that to the in camera portion of the session.

1100

**The Chair:** Thank you very much, Ms Jackson. We will now open the session up to questions per caucus. Mr Christopherson.

**Mr Christopherson:** On a point of order, Mr Chair: I wonder if it would cause any great grief were we to hear the in camera testimony first. Then any questions we have would be based on all the input we are going to receive, rather than asking questions now and then hearing more information afterwards. Now, I realize we set that procedure with the subcommittee, and I guess I am asking if we could not follow that, since it seems to make common sense, I would think.

**The Chair:** Mr Christopherson, just for the benefit of committee members, the subcommittee has, as you have indicated, already discussed that possible procedure, and the subcommittee had already decided that questioning would commence after a public portion in public, and then move to an in camera proceeding with questions in camera.

One of the issues that was addressed was really the difficulties of going in camera and out of camera, back and forth. We are trying to keep that to a minimum, but as per our terms of reference, if the subcommittee wishes that we change the proceedings in terms of the way in which witnesses are questioned, that certainly is a matter for the subcommittee to decide.

If I do not see any change of procedure affirmed by members of the subcommittee, then, Mr Christopherson, I would suggest that we take this matter up at the very next subcommittee meeting.

**Mr Kormos:** I spoke to that very same issue last week. I would ask you, Chair, to call upon the subcommittee to revisit that because it seems to me that it is just—I appreciate the subcommittee did what it did and undoubtedly in good faith, but before it had a chance to see how things flow, during the course of the last week—now that it has had a chance to see how things flow, or indeed do not flow, you would think the subcommittee would want to revisit that and address the common sense that is inherent in Mr Christopherson's proposition. Surely common sense, although there has certainly been a shortage of it over the last week, could rear its head around here once in a while, right? So perhaps the subcommittee could visit that issue now before we lead ourselves down yet a more prickly, thornier and darker path than surely any of us or at least most of us would want to travel unarmed and alone.

**The Chair:** Mr Kormos, all I am doing is reciting a previous decision made by the subcommittee on this very point. Certainly if members of the subcommittee want to bring it back up at a further subcommittee meeting, that is well within their rights and certainly in keeping with the terms of reference. However, I am left with a previous decision of the subcommittee and, as such, I would open this up to questions on a rotational basis; 20 minutes to the members of the government side. Mr Mills.

**Mr Mills:** Thank you very much.

**The Chair:** I am sorry, Mr Mills; I think there were some discussions going on. As we are keeping this to a rotational basis, it would now be up to the government caucus to commence the questioning. We are going to limit the questioning to 20 minutes per caucus.

**Mr Mills:** Dr Hollingsworth, I would like to, first of all, revisit the CBC interview with—I believe, exhibit 23—Ruth Reed. You are familiar with that. I have read the exhibit and it says there that you said, "She knew statistics about me that I must say I didn't know myself." We have heard you reply to that.

On Tuesday, February 11, in the afternoon sitting, we had Dr MacMillan here. You are quite familiar with Dr MacMillan and his role. I posed to the doctor some questions about the information that you alleged, in the CBC interview, Ms Martel had. We are talking about public document exhibit 8. Are you okay?

**Dr Hollingsworth:** Yes, go ahead.

**Mr Mills:** I suggested to Dr MacMillan that in public document exhibit 8 there was "all kinds of statistical evidence about the date the support started and things like that." I asked the doctor if it would be fair for me to assume the document you were talking about on that CBC interview was, in fact, public information. I would just like to go over what the doctor said. Then I am going to invite your comments.

Dr MacMillan replied: "I have no knowledge of any other documents that would be available to which he would be referring. I believed, when I read that, that he was either misinformed or just adding fuel to the fire. I did not believe that anybody would have a file on Dr Hollingsworth, since I am the only one, plus the district office, that would have access to obtaining that kind of



information. I am not aware, to this day at least, of any file having been prepared on Dr Hollingsworth."

Doctor, I would invite your comments on what Dr MacMillan told us in the committee, that he does not know anything about anything.

**Dr Hollingsworth:** Well, Mr Mills, your question lasted five minutes. Could you tell me what you want me to tell you?

**Mr Mills:** I want your comments on what Dr MacMillan said about whether or not Ms Martel had access to information other than the public document in exhibit 8.

**Dr Hollingsworth:** You want me to comment about a file on myself?

**Mr Mills:** Pardon?

**Dr Hollingsworth:** You wish me to comment if there is any file on my personal practice?

**Mr Mills:** Do you agree or not agree with what the doctor said?

**Dr Hollingsworth:** Let me try to address your question. When I stood up to speak at the meeting on December 5 in Sudbury, which was a public meeting held to clarify some of the problems in Sudbury, Dr MacMillan took a file with my name on it marked "confidential" and placed it in his lap in clear view of Mr Decter, the Deputy Minister of Health. I think there is a file on me and I feel that that action, while it may have attempted to make me cower in front of bureaucracy, has only firmed my resolve to find out about that file. I am glad you raised the issue, sir.

**Mr Mills:** Do you have any information, other than that, that is contrary to what Dr MacMillan said?

**Dr Hollingsworth:** I do not know how much information you want. I have just said that there was a file, and I understand from Dr Lord, who is a GP in Sudbury, that a confidential file was placed within view of the Deputy Minister of Health. I think there clearly was a file on me. I do not know how much more you want me to say about that.

**Mr Mills:** Where was this doctor sitting with this file in relation to Ms Martel?

**Dr Hollingsworth:** Ms Martel was not even present at the meeting. Maybe for purposes of information for the committee I should clarify what happened. There was a meeting held in Sudbury on December 5 to discuss billing issues. Present at the meeting were various MPPs, excluding Ms Martel and Mr Laughren. Ms Murdock was there. The seating arrangements were such that the MPPs were far away from where Dr MacMillan and Mr Decter were sitting. When I stood up to speak, Mr Decter apparently asked Dr MacMillan who I was. I am told he said, "That's Hollingsworth," and Dr MacMillan lifted a file and placed it on his lap and the file was marked "confidential." They are separate issues. The meeting with Ms Martel happened on December 2 at Queen's Park. This meeting on December 5 happened in the regional council chambers in Sudbury.

**Mr Mills:** Would you enlighten me about doctors entering and leaving the underserved area program, about the—is this public information? Would you consider it public information?

**Dr Hollingsworth:** I am told it is public information. It was never, as far as I know, publicized before this current issue. I have never seen it in public before. As far as I understood, on my own personal behalf, I was signing a contract with the government that was confidential, but I see my name on a list that is being distributed to the media, which I must say I find somewhat irritating.

1110

**Mr Mills:** Earlier on, if I can go back in time, you left me a little bit confused. I made a note that you made some comment that Ms Martel knew your date of birth, etc, and then you have come back, I believe—correct me if I am wrong—when you said, "That's not true." Could you clear that up for me?

**Dr Hollingsworth:** No, I think, you know, there was a little bit of Irish wit being used in the phone conversation to Ms Martel. To illustrate how much it appeared she was doing a lot of background work, I said, "You appear almost to have my phone number and my date of birth and a lot of information you've been working with, and yet you seem to be going in the wrong direction." I do not say that she had my phone number or my date of birth, it was just an illustration of the amount of work that the honourable minister was doing at the time.

**Mr Mills:** But would it be fair to say, doctor, that Ms Martel was an advocate for the northern doctors and that perhaps as much information as she could possibly give in a legal manner would help you in your quest to overcome the difficulties that many of the doctors in Sudbury were having, or in the northern area? Would it not seem fair to say that the better armed with information she would be, the better she could advocate on your behalf?

**Dr Hollingsworth:** That is true.

**Mr Mills:** So you would say that Ms Martel really was an advocate for the doctors who were experiencing some problems.

**Dr Hollingsworth:** Well, I mean I think she was working very hard to achieve a resolution to the problems. I would not say she was a doctors' advocate, but she was trying to help, yes.

**Mr Mills:** To help you.

**Dr Hollingsworth:** Yes.

**Mr Mills:** I want to talk about, you know, the general mood in Sudbury. You know we heard Dr MacMillan say that when he arrived in Sudbury he got in a taxi and without any prompting whatsoever the taxi driver more or less gave him a run-down of the whole problem and who was what and what. So I just would like to have your comments on how you feel about what the mood was in Sudbury and the type of information that was considered out there in this arena, public information.

**Dr Hollingsworth:** Okay. In terms of doctors' billings there was no public information about who was billing what, except the underserved area program identified clearly a cardiovascular surgeon's income, who was the only one on the program, so we all knew in Sudbury who the cardiovascular surgeon was and what he was making.



This was as a result of a document that was made public by the government.

In terms of what the public knew, I was only party to one instance of hearing a rumour. It was in November.

**The Chair:** Order. On the issue of rumour I think members of the subcommittee will know and remember that there is a decision we made about general rumours, that they were not going to be elicited, on the issue of rumour. It is a matter which the subcommittee specifically addressed two subcommittee meetings previously, so I would caution you, Dr Hollingsworth, with respect to the question and response.

**Dr Hollingsworth:** I am cautioned.

**Mr Harnick:** Mr Chair, I do not think we really have to ask what the substance of the rumour happened to be. I think the nature of the question was that the cab driver in Sudbury knew all about this, so therefore the proposition to the witness is that everybody in Sudbury knew all about it. I think the witness should be entitled to tell us, as he started to, that he only heard one instance of any rumour over the whole period of time that this has been going on. I get the impression that that is what he is saying. Maybe even counsel would want to ask the question or word the question. We are not after the substance or the actual content of the rumour, but we are after how prevalent rumours were on the street.

**The Chair:** The issue that the subcommittee decided was based around the issue of rumour, around the substance of the rumour, not on the fact of rumour but rather on the substance of the rumour, and it was decided by the subcommittee that the substance of any rumours would not be elicited at this time. In fact, on the advice of counsel—she has indicated to me that the fact of rumour could be referred to but not the substance of.

**Dr Hollingsworth:** I am not sure I can do one without the other. Do I say there was a negative rumour or a positive rumour or a mediocre rumour?

**The Chair:** It could be indicated, for instance, that a rumour was heard without dealing with what that rumour was in fact.

**Dr Hollingsworth:** I do not feel that the evidence would be of any help to the inquiry if I cannot elaborate on it.

**The Chair:** That is up to you. All I can do is tell you, Dr Hollingsworth, that the subcommittee has decided, certainly on the issue of rumour, that at this point in time the substance of any rumours are ones which would not be elicited at this time. However, we have also not addressed the issue as to whether you can indicate that a rumour was heard. We would ask if you could abide by that ruling of the subcommittee on the issue of rumour.

**Dr Hollingsworth:** So you want me to say I heard a rumour?

**The Chair:** If that be the answer.

**Dr Hollingsworth:** It is such a qualified answer, I think it is almost worthless. I mean, without explaining the circumstances, the situation that occurred and the time of the rumour as it relates to this case, I would like to withdraw my remark, if that is possible.

**The Chair:** That is fine.

**Mr Mills:** Thank you, Mr Chair. I was just trying to set the tone and the mood and to relate that to certain things, but I guess we cannot do that.

Perhaps my final question at the moment to you, doctor, is, were you surprised? It would seem to me that in the interview—were you surprised that Miss Martel had knowledge of even the underserved area program and your name and all those things? Did that surprise you?

**Dr Hollingsworth:** I was surprised at her memory and her ability to know. I mean, this was an unscheduled meeting. We had gone to make a presentation to the committee on social development and had called in to see her by chance, so we had not kind of set a meeting for next Wednesday at 2:30. The fact that she knew all these things surprised me because it was not an expected meeting.

**Mr Mills:** No, but—you know, in fairness, she had been advocating for you, so she would be—personally, if I were advocating for some doctors in my constituency, I would take it upon myself to be primed up so that when I met them I would know exactly what I was talking about. My question again is that you were surprised even that she had documentation that was public?

**Dr Hollingsworth:** You see, the question between what is public and what is not is raised, because it certainly is public now but I do not think it was public beforehand, that I know of. I mean, I do not know that it was public information, that my name was on a list that was sent around to the media a couple of years ago. I never saw that.

**Mr Mills:** We have the information from Dr Mac-Millan that such a document in exhibit 8 was in fact public and has always been public. So you were surprised at that?

**Dr Hollingsworth:** I am surprised that is public information, yes.

**Mr Mills:** Okay. That is all for now. Thank you, Mr Chair.

**The Chair:** Mr Owens. Oh, you are going to yield to Mr Kormos or whatever his name is?

**Mr Kormos:** No one has yielded to me in a long time.

**Mr Owens:** Kormos, take it and run with it.

1120

**Mr Kormos:** Doctor, your contact with Shelley Martel, did that begin on this lobby meeting with her at the—

**Dr Hollingsworth:** Yes.

**Mr Kormos:** I am told it was in the east lobby.

**Dr Hollingsworth:** Yes.

**Mr Kormos:** Beside the Legislative Assembly.

**Dr Hollingsworth:** Yes, that is true.

**Mr Kormos:** So you and Ms Martel had not met before then?

**Dr Hollingsworth:** Never met before.

**Mr Kormos:** Telephone conversations before that?

**Dr Hollingsworth:** Never, ever.

**Mr Kormos:** Correspondence before that?

**Dr Hollingsworth:** There may have—I mean, I sent letters out to the MPPs. I had tried to phone Miss Martel



myself—but I had never actually spoken to her—for the few weeks before the meeting. I had called her constituency offices and had called her office at Queen's Park.

**Mr Kormos:** What kind of preparatory work was done for the meeting, I guess, rather than what kind—what notice was given to Queen's Park or folks here that you and the people who were with you were going to be up here lobbying on that day?

**Dr Hollingsworth:** Well, it was a committee, a standing committee, so that all of Queen's Park would have had knowledge of that information.

**Mr Kormos:** And you were travelling about, visiting MPPs from the north or any who would sit and talk with you?

**Dr Hollingsworth:** Anybody who would sit and talk to us at the time, actually. We were pretty desperate.

**Mr Kormos:** Fair enough. No suggestion that Ms Martel, when you were talking with her in the east lobby, even knew that you were among the people who were going to be participating in this lobby group, is there? I do not know, maybe there is, maybe there is not. I do not know.

**Dr Hollingsworth:** I do not understand the question. Could you repeat the question?

**Mr Kormos:** Was there anything that would have forewarned Ms Martel that indeed you were one of the people who was going to be participating in the lobby group?

**Dr Hollingsworth:** Which lobby group?

**Mr Kormos:** In the lobby group when you were visiting, the lobby group that met with Ms Martel in the east lobby.

**Dr Hollingsworth:** There were only two of us. It was not actually, you know, a scheduled lobby group. We were going to make a presentation about an hour later to the standing committee on legislation and social development and we called into the Legislature just basically to kill some time. We saw her there. We had her paged. It was not a formal arrangement. Does that answer your question? I am not sure.

**Mr Kormos:** Yes, fair enough.

**Dr Hollingsworth:** Okay.

**Mr Kormos:** I suppose what I am trying to find out is—I would really like to know, as best we can, whether Ms Martel could have anticipated that it was you, specifically you, who was going to be meeting with her in the east lobby on that day.

**Dr Hollingsworth:** The only way she could have anticipated, with the short notice, was that we had called her office and tried to meet with her about an hour before. So maybe that is how she happened to pull what information she had.

**Mr Kormos:** Maybe.

**Dr Hollingsworth:** Maybe that is the explanation. I do not know.

**Mr Kormos:** Okay. I guess it would be helpful, then, to find out exactly what time—or not exactly, I mean give or take, what time it was that you met.

**Dr Hollingsworth:** I would say within two hours of having met with her we had called her office.

**Mr Kormos:** Yes, but what time was the meeting in the east lobby?

**Dr Hollingsworth:** Approximately 2 o'clock in the afternoon.

**Mr Kormos:** Around 2 o'clock, and the House was sitting that day, obviously?

**Dr Hollingsworth:** Yes.

**Mr Kormos:** So I guess just about the beginning of question period?

**Dr Hollingsworth:** Yes.

**Mr Kormos:** Now, during that meeting with her in the east lobby you recall a conversation about Dr Donahue?

**Dr Hollingsworth:** Yes, specifically about Dr Donahue.

**Mr Kormos:** Once again, I am as sympathetic as anybody could be about the problem in remembering conversation that far back. Who raised the issue of Dr Donahue?

**Dr Hollingsworth:** Miss Martel did.

**Mr Kormos:** How?

**Dr Hollingsworth:** Well, it came in relation to our request to have the threshold limits lifted for all of northern Ontario in a blanket fashion, for all parts of the underserved area, which is north of the French River, and she then mentioned Dr Donahue.

**Mr Kormos:** She mentioned him?

**Dr Hollingsworth:** Yes.

**Mr Kormos:** But again, you are telling me that—can you tell us what she said about Dr Donahue?

**Dr Hollingsworth:** Yes, it is in my exhibit here. She said that his practices were totally unacceptable—

**Mr Kormos:** Yes?

**Dr Hollingsworth:** —and what he was doing was totally unacceptable, and later in the conversation she stated that a blanket lifting of the exemptions would not fly with the rest of the cabinet because they could not condone what Dr Donahue was doing. Now she may have said—she may have mentioned the GPs in that statement too. I am just not sure of that.

**Mr Kormos:** Fair enough. You have been very clear about the fact that that may or may not have been mentioned. I am getting the impression that she is speaking about Dr Donahue and his practice in the context of selling a blanket lifting of the threshold to her cabinet colleagues—

**Dr Hollingsworth:** Yes.

**Mr Kormos:** —and it is in that context that she is talking about the nature—what did she say about Dr Donahue's practice?

**Dr Hollingsworth:** She said they were unacceptable.

**Mr Kormos:** Yes, but did—

**Dr Hollingsworth:** She did not give specific instances. There was no mention of a particular case that had been handled badly or inappropriately. It was a general statement.

**Mr Kormos:** You must have responded to that at least in your head a little bit.

**Dr Hollingsworth:** I was shocked. I was amazed that she said this. This was really a very unusual thing to happen, because we were there to represent all the specialists and doctors in Sudbury and she was returning to this point.

**Mr Kormos:** I am sure somebody must have said, "What do you mean unacceptable?"

**Dr Hollingsworth:** I am pretty sure from my own point of view that we were very keen to get the problem resolved that we had come down to resolve. We did not dwell on that ourselves. In fact, in retrospect, perhaps we should have, but we did not because we really wanted to try to have a resolution for the billing threshold problem. So it was not at that time my interest to dwell on that.

**Mr Kormos:** So nobody asked you to expand on what she meant by saying—

**Dr Hollingsworth:** I think the comment I made was that if his practices are unacceptable, there is a medical review council from the College of Physicians and Surgeons of Ontario to review such practices, and if she feels that, she should report it to the college.

**Mr Kormos:** That is the point on which your notes—you indicate surprise.

**Dr Hollingsworth:** Yes, she was surprised. She said she did not know about that.

**Mr Kormos:** When you talked to her on the phone, what day was that? That was December 3, was it not?

**Dr Hollingsworth:** Yes, December 3.

**Mr Kormos:** When you talked to her on the phone, was that about the OMA role?

**Dr Hollingsworth:** We felt the way forward would be to get a meeting with Ms Lankin so that we could try to get the thresholds exempted for northern Ontario. So we were pushing Ms Martel all the time to try to get us a meeting with Ms Lankin, but she kept saying she could not arrange such a meeting. She would try, but it was very difficult. And she said she had a very busy schedule.

**Mr Kormos:** I appreciate, I really do, the concern about seeing a file with your name on it stamped "confidential." Somebody told me the Premier was walking around with one with my name on it and it was stamped "confidential" just a couple of days ago. So I appreciate the concern that can create, I sure do.

During that 30- to 40-minute conversation, you indicate that Shelley Martel agreed she knew an awful lot about you, a considerable amount about you, including small or not-so-small facts that you were unaware of yourself. What facts did she tell you about during the conversation that led you to—again, I am agreeing that the presence of that file in Dr MacMillan's lap undoubtedly helped you get to where you were going, but what did she tell you about yourself?

**Dr Hollingsworth:** Unfortunately, it is two and a half months ago. The only thing I can recall is that my general impression after my conversation in the Legislature with Ms Martel was that she appeared to have a pre-set idea of

what I was and what I was doing and a very different idea of what Dr Donahue was and what he was doing. I cannot give you a specific number. She did not say, "Yes, you're billing this amount," or "Yes, you saw this number of patients last year." I cannot say that. That is not true. She never mentioned specific details like that.

**Mr Kormos:** You are talking about a sensation or a feeling you got from her.

**Dr Hollingsworth:** A feeling, yes, an attitude.

**Mr Kormos:** Again, it is a feeling that is compounded by Dr MacMillan producing this file marked "confidential."

**Dr Hollingsworth:** It is certainly an anxiety one has about this.

**Mr Kormos:** But we are talking about a feeling that is arrived at after a whole number of these occasions.

**Dr Hollingsworth:** Oh, no, this feeling was arrived at after my meeting with Ms Martel. In fact, I remarked to my secretary the following day that I was surprised at how much detail she had on me and what she knew about me. But as I say, there are no other facts I can give you that would confirm that.

**Mr Kormos:** You did not know that the underserviced area program doctors were published in a list?

**Dr Hollingsworth:** No, I never knew that.

**Mr Kormos:** Not only were they published, but UAP is what, a four-year program?

**Dr Hollingsworth:** Yes.

**Mr Kormos:** You are funded or you receive a grant for a period of four years. Again, I am giving you the best information. They are not only published and were published, but their dates of commencing the program are published. So it is not difficult to figure out when you are off the program.

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**Dr Hollingsworth:** That is right.

**Mr Kormos:** Is it right that when you are on UAP the threshold does not apply?

**Dr Hollingsworth:** Well, that is the whole issue of debate. The letter that will be exhibit 39, I think, clearly states from the minister that we would—that I would not be exempt. It was a letter to me personally, saying I would not be exempted. So there was some confusion among the doctors' ranks as to who exactly was exempt and who was not exempt.

**Mr Kormos:** Fair enough, and again it is no surprise to me to learn that somebody is saying one thing and somebody else is saying another. That does not surprise me. It may offend me and shock me, but it does not surprise me, having been around here for a couple of years.

**The Chair:** Just to remind you, there is a minute.

**Mr Kormos:** Thanks, Chair. Now, did you know that Dr Kosar back on—I do not know whether you are familiar with the interview he gave to MCTV. That is up in Sudbury, is it not?

**Dr Hollingsworth:** Yes.



**Mr Kormos:** It is a TV station up in Sudbury. On December 11, 1991, apparently a 6 pm news broadcast fellow called Bond—must be one of the local—

**Dr Hollingsworth:** It is a lady.

**Mr Kormos:** Thanks, doctor. A person called Bond, a newscaster person, says, “Dr Kosar says Shelley Martel never claimed to have seen his confidential look at the files, but he was surprised by the amount of information she had about his and other physicians’ billings.” Does that surprise you, if indeed that is the case? I am relying on a transcript of the news broadcast.

**Dr Hollingsworth:** Sure.

**Mr Kormos:** Does it surprise you to hear Dr Kosar say that?

**Dr Hollingsworth:** Well, it is a bit disconcerting, having come here and made this deposition, but I can clarify one or two things. First of all, at the east lobby I was sitting right beside Shelley Martel. It was almost at right angles. I do not know if—in the members’ enclosure there there is a couch beside the wall and there are a couple of chairs here. I was sitting right beside her and he was a couple of feet down. So he may not have—

**Mr Kormos:** Do not let people get the impression it is luxurious. I mean, it is fine but it is not—it is old furniture.

**Dr Hollingsworth:** First of all, he may not have heard all she said. I was nearer to her, closer to her. The second thing is that she went on radio the following—I do not know if you have the transcript of December 12, CBC, where she said she had seen files but they were underserved area files. So I do not think there is any dispute about the fact that she said to me she had seen our files. That is my understanding of it.

**Mr Kormos:** You mean reference to the UAP files?

**Dr Hollingsworth:** Yes. Well, that was clarified, yes, afterwards.

**Mr Kormos:** Okay. Well, I think that is it. I am very properly ending on time. It is the first time I have been proper since this started. I might do it again.

**Dr Hollingsworth:** Thank you.

**The Chair:** Thank you very much, Mr Kormos. Mr Conway.

**Mr Conway:** Thank you very much. Just to pick up on that last point, Dr Hollingsworth, if the minister had had, as you understand that she had, some access to your underserved area files, would it be your understanding that that would not—let me put it this way: The files to which reference has been made are your underserved area program files. You would be surprised, I take it, on the basis of your testimony here today, that politicians, ministers of the crown, would have access to those kinds of files.

**Dr Hollingsworth:** I would be surprised, yes.

**Mr Conway:** Because those files presumably would contain quite extensive information about who you were and what you were about.

**Dr Hollingsworth:** Well, I did not realize that it is public knowledge, these files are public knowledge. When I signed the contract with the underserved area program,

I understood it was a contract with the government and was thus confidential. I have never signed a waiver saying that my details could be made public, so I am surprised that the politicians have them. On the other hand, if I had been approached beforehand and asked to sign a waiver so that Miss Martel could intercede on our behalf, that would be a different matter.

**Mr Conway:** I want to just ask some questions around the situation in Sudbury before taking you to the notes of your December 2 and 3 encounters with Ms Martel. This committee has had the evidence put before it that for some days, some weeks prior to the meetings you had on December 2 and 3 with Ms Martel, the whole question of the so-called framework agreement was the subject of quite a lively public debate in Sudbury, according to some of the documentary evidence we have, as early as the early part of November, and perhaps earlier, though our information I think really begins in November, that there was quite an active debate in the media in Sudbury and in the community generally. Would that be a fair representation?

**Dr Hollingsworth:** That is true.

**Mr Conway:** You had, yourself, presumably been following that and participating in that.

**Dr Hollingsworth:** Yes. We had a public meeting on December 5, which was a kind of culmination of all the effort for the previous month that we had put in. There was a lot of public debate, a lot of press releases. The president of the medical society was making press statements quite frequently.

**Mr Conway:** So when you met Ms Martel on 2 December in Toronto at the members’ enclosure at Queen’s Park it would be fair to say that all parties came to that discussion with a pretty keen understanding that this was an issue of some urgent and pressing interest in Sudbury.

**Dr Hollingsworth:** Yes, that is true.

**Mr Conway:** Now to your deposition: I am going to just quickly summarize, and I would like your response to my summary. The impression I have is that you and Dr Kosar, on behalf of the academy of medicine in Sudbury, came to Toronto to lobby the government on the occasion of the debate around Bill 135, but primarily to lobby ministers of the crown and other members of the Legislature about your concern around what that so-called framework agreement, of which Bill 135 was a part, is going to do in terms of the availability of medical services, particularly specialty services, in northern Ontario; that you had come to see Ms Martel on an unscheduled basis; that she agreed to see you in the members’ enclosure; that you found a local member who seemed to be sympathetic, well briefed on the general situation, to say the very least, someone who, according to what you have said here today, had a very good grasp of the general situation and specific information as well, someone who seemed to say that you and Dr Kosar were good guys. When she said that, I take it that, in the context of both the discussion and the general situation that had been obtaining over this matter for four or five weeks, there were bad guys as well as good guys?

**Dr Hollingsworth:** Yes, that is true.



**Mr Conway:** Would I be fair in concluding that Dr Donahue might have been one of the bad guys?

**Dr Hollingsworth:** He was obviously perceived to be a bad guy from what Ms Martel told me.

**Mr Conway:** The difficulty Ms Martel seemed to be having with the people who are not good guys seemed to focus, according to page 2 of your deposition, around practices and billings related to those practices?

**Dr Hollingsworth:** That is true.

**Mr Conway:** You are saying on page 2 that she was particularly upset in discussing four GPs and Dr Donahue. Did she at any point in that upset become at all specific about what it was that was unacceptable about their practices?

**Dr Hollingsworth:** She did not mention the four GPs' practices being unacceptable. She mentioned Dr Donahue's practices as being unacceptable and she was not specific on that point.

**Mr Conway:** But according to your evidence, she said on at least two or three occasions that what he was doing was quite unacceptable.

**Dr Hollingsworth:** Yes.

**Mr Conway:** Having regard to what she said and the way in which she said it on the afternoon of December 2, which was a Monday, I believe, what ran through your mind three or four days later when the provincial media reported that Ms Martel had had quite a discussion in Thunder Bay on the night of Thursday, December 5, with a certain Ms Dodds at which time, according to Ms Dodds, Miss Martel said: "I have seen his records. You will lose sympathy when you see the charges that we lay against him."

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She, meaning Miss Martel, according to Ms Dodds, used the word "criminal." There was widespread press coverage of that on I believe Friday, December 6, or certainly if not that day very shortly thereafter. I am just interested to know, in light of your conversation that was reported in your deposition of the December 2 encounter with Miss Martel, what ran through your mind when you first heard the press reports of what had happened between Miss Martel and Ms Dodds in Thunder Bay on the night of December 5, 1991.

**Dr Hollingsworth:** First, the issue of confidentiality became of concern to me. I had not thought about it that much at my meeting with Miss Martel at the time. It did not really strike me that I should look into or delve into this issue, but it was obviously being delved into somewhere else. The second is pure speculation, and if you wish I will speculate for the benefit of the inquiry, but it is just speculation and worth only that.

It appeared to me that there was an explanation as to why she was so helpful towards us, in that she may have had a preconceived knowledge of what we were billing, and so negative towards Dr Donahue, but that is pure speculation. That is not based on fact.

**Mr Conway:** But when you heard the press reports—and let me be frank. I have here what Ms Dodds said Miss Martel said in Thunder Bay. Now I have your deposition of the conversation four days earlier in which you and Dr

Kosar are identified as good guys and there is at least one bad guy who is doing some things that are totally unacceptable. You will forgive me if I make at least a general link between what you are reporting from that conversation and what becomes the focus of a fairly heated discussion in Thunder Bay four nights later.

**Dr Hollingsworth:** I will forgive you.

**Mr Conway:** You would forgive me if I made that.

**Dr Hollingsworth:** Yes.

**Mr Conway:** Thank you. Just a couple of other quick questions before I turn it over to my colleagues. The meeting on December 5 in Sudbury, I recall, was quite a meeting. It was quite a spirited meeting at which the framework agreement came under fairly strong criticism.

**Dr Hollingsworth:** That is true.

**Mr Conway:** Can you tell me who some of the people were at that meeting? You were there. I was not. Can you tell me a little bit about what sorts of people were there criticizing the government policy?

**Dr Hollingsworth:** The meeting lasted approximately four hours. The chairman was Dr Killian DeBlacam, the president of the local medical society. Representing the Ministry of Health, Dr MacMillan was there; Mr Decter, the deputy minister, was there; and Eugene LeBlanc, one of the ministry officials, was there. Many of the specialists made presentations, including myself; Dr Chris Farrel, an obstetrician; Dr Alnoor Abdulla, a cardiologist; Dr Paul Van Boxel, a general surgeon; and also Dr J. P. Donahue, who made a presentation. The presentations were generally critical of the way in which the framework agreement had been reached and would be implemented, specifically in reference to Sudbury.

**Mr Conway:** We know that approximately a week before that December 5 meeting, a meeting was held over the weekend in Sudbury at which a number of people—Drs MacMillan and LeBlanc were present—talked to a number of specialists in Sudbury about the whole situation. I gather that by the evening of December 5 many people still felt that what had been discussed at that meeting on November 30 or whenever was still not satisfactory to resolve most of the concerns of the Sudbury doctors, particularly the specialists. Is that a fair representation?

**Dr Hollingsworth:** That is true. We wanted a blanket lifting of the thresholds because of the problems we are going to face very soon, and that had not been forthcoming.

**Mr Conway:** Finally, Dr Hollingsworth, I am interested again to know about that encounter that you referred to at the December 5 meeting, where Dr MacMillan took from a briefcase a file that you believed to have been a confidential file on yourself.

**Dr Hollingsworth:** When I started to speak, Mr Decter asked—this is testimony reported to me by Dr Lord, a GP in Sudbury. Dr Lord tells me that Mr Decter asked Dr MacMillan, "Who is that speaking?" Dr MacMillan said, "That's Hollingsworth," and he produced a file marked "confidential" and placed it on his lap in clear view of the deputy minister.



**Mr Conway:** Dr Lord was obviously close enough to be able to—

**Dr Hollingsworth:** He was sitting directly behind.

**Mr Conway:** Fine. Thank you.

**Mr Elston:** Dr Hollingsworth, much has been made by both Mr Mills and by Mr Kormos about the list of the UAP physicians. It would appear to me that under no circumstances would a listing of physicians who were entitled to receive a grant also have included in it the incomes of physicians. Would that be your understanding?

**Dr Hollingsworth:** That is true.

**Mr Elston:** I presume this was well known to Mr Mills and Mr Kormos when they were suggesting that merely by viewing the list of the starting dates and the completion dates of the underserviced area program, Ms Martel would know whether or not you were a good guy or a bad guy according to your December 2 conversation. Would it appear to you during the discussion of December 2 that Ms Martel had information other than just the fact that the three of you, Kosar, Hollingsworth and Donahue, were all in the underserviced area program?

**Dr Hollingsworth:** The attitude she had towards Dr Donahue was totally different compared to the attitude towards Dr Kosar and myself. There was a definite distinction in her mind between the three of us.

**Mr Elston:** Even though each of you was on the underserviced area program, she certainly had distinguished among the three of you as to who was good and who was bad.

**Dr Hollingsworth:** Yes.

**Mr Elston:** That would suggest to me—you may agree or disagree—that she had detailed information, or at least some detailed information, about the manner in which each of you carried on your practices. Is that what you felt?

**Dr Hollingsworth:** I agree.

**Mr Elston:** Is there, when you file material for the underserviced area program, a detailed listing of the billings and the practices which you carry on?

**Dr Hollingsworth:** There is no information sent from my office to the underserviced area program concerning my billings. The only information that could be got from my billings, except directly from me, would be from the OHIP office of which Dr MacMillan is the director.

**Mr Elston:** To comply with continuing on the underserviced area program, do you make an annual report to the underserviced area program?

**Dr Hollingsworth:** There is no record of billings given to the underserviced program. There will probably be from now on, because they have separate billing numbers as a result of this whole issue. But beforehand there was none.

**Mr Elston:** The only contact you would have had that may have appeared on an underserviced area program list would have been the date of your starting the contract, the date of termination, probably to bring it to completion, but no detail with respect to what services you were rendering under that except that it was in relation to your specialty. Is that true?

**Dr Hollingsworth:** That is true.

**Mr Elston:** She or anyone looking at a listing of the underserviced area program could not determine whether one physician was carrying on a practice in any particular manner. Is that true?

**Dr Hollingsworth:** That is true.

**Mr Elston:** The only manner in which a person could distinguish whether or not a practice was being carried on successfully and competently and capably was to look at other materials. Is that not also true?

**Dr Hollingsworth:** That is true.

**Mr Elston:** We are left now with Mr Mills and Mr Kormos suggesting that the underserviced area program list by itself would have disclosed all this information. Would you consider that to be an errant view?

**Dr Hollingsworth:** That is untrue. It does not disclose that information.

**Mr Elston:** Okay. The only place your information about billings is made is directly to the OHIP office. Is that true?

**Dr Hollingsworth:** That is true.

**Mr Elston:** You do that once a month?

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**Dr Hollingsworth:** The billings are submitted in mid-month, and OHIP has a record of them, and the only person who has knowledge of other doctors' billings are himself and his bank manager and his secretary and the OHIP office.

**Mr Elston:** And the people in the OHIP office?

**Dr Hollingsworth:** Yes, that is true.

**Mr Elston:** In determining, then, whether Dr Donahue was a bad performer, as Ms Martel alleged during your December 2 meeting and otherwise at other meetings that she attended, she must have had information from other files than the UAP?

**Dr Hollingsworth:** That is true.

**Mr Elston:** Can you tell us a little bit about the type of information that would go in in your billing? I know this may be a little bit pedestrian for some, but I think it is interesting because this may disclose to us from whence Ms Martel's information about Dr Donahue actually came. Could you describe what you would put in a billing, please?

**Dr Hollingsworth:** Yes, sir. Each month we send in the previous month's billings, which consist of daily transaction summaries, so that there is each day you see a certain number of patients and do a certain number of procedures. It goes on magnetic disc usually now, and it is submitted to the OHIP office. Each procedure or consultation or minor assessment is all coded separately so that using computer methods, the OHIP office can find out how much a specific doctor billed for a specific service; for example, for consultations, for minor assessments, for syringing ears or whatever example you want to give. That information can be pulled, and it is used to form practice profiles. If you request it, you can get your practice profile; it will tell you how you are compared to the provincial average.



**Mr Elston:** In fact, it is quite sophisticated. They bill by code for each procedure, is that not true?

**Dr Hollingsworth:** Yes, that is right.

**Mr Elston:** It is then connected to a fee, which then is remitted. Just to repeat so that I can underscore this, that information is not filed under the underserved area program materials?

**Dr Hollingsworth:** The only way that could get on to an underserved area file is to be released by the OHIP office. There is no other way that information could get—I mean, except if the doctor sent it himself.

**Mr Elston:** And again—this is repetitious, I know, but there is no access to the information in a doctor's OHIP file to the public in general, is there?

**Dr Hollingsworth:** No, that is protected.

**The Chair:** Mr Elston, just to remind you there is just a minute or so.

**Mr Elston:** Okay. Well, I think we have got what is substantially needed here, Mr Chairman. We have got the separation of detail between the OHIP billings, which are necessary to complete the obligations as a physician billing the OHIP system, and the underserved area program, which does not take in any detailed filing of your practice profile, which only requires you to complete the term of a contract. I think that differential between the list under the underserved area program and the, in fact, confidential OHIP material is what needs to be known. Because Ms Martel obviously, Mr Chair, differentiated among these three physicians that she was talking about, Kosar, Hollingsworth and Donahue; ie, Kosar and Hollingsworth were good guys, she said, and Dr Donahue was not, and in fact had unacceptable medical practices, which could only be determined—

**Mr Owens:** That was not stated.

**Mr Elston:** —which could only be determined—

**The Chair:** Order.

**Mr Elston:** —by having access to the detailed billing information, or at least a synopsis of that material. I think we have what we need here.

**The Chair:** Thank you very much, Mr Elston. Mr Eves.

**Mr Eves:** Thank you, Mr Chairman. I just have a few brief questions, Dr Hollingsworth. During your discussion with Ms Martel, was there ever any discussion about physicians opening up their books?

**Dr Hollingsworth:** There was an obsession from the ministry, particularly Mr Decter and Dr MacMillan, about opening our books.

**Mr Eves:** What about your conversation with Ms Martel?

**Dr Hollingsworth:** I am trying to remember. There was a—she did say that, you know; she mentioned me specifically. She said, "What you are doing," you know, in terms of discussing things with the media, "is somewhat unfair because you are on the underserved program and therefore you are not subject to any controls on your income, and it is unfair that we can't use that information against you." She did not actually use the words, "open

your books," but she did say that she wished that she could make more information public.

**Mr Eves:** Did she have any—did she refer to any specific physician?

**Dr Hollingsworth:** In that regard, I cannot recollect. It is two and a half months ago, so I cannot be sure.

**Mr Eves:** Okay. Has anyone, during the course of this entire issue, ever asked you to open your books?

**Dr Hollingsworth:** I have been asked many times to open my books. My offer has been that if the Health minister would come and spend a day with me and see some of the problems that we are dealing with, I would open my books then.

**Mr Eves:** Who have you been asked by to open your books?

**Dr Hollingsworth:** I have been asked by—well, the media is one. Ruth Reed asked me on CBC Morning North. Mr LeBlanc, I think from the ministry, suggested to me that we should open our books. There was an obsession from the ministry, and from Mr Decter in particular, with opening the books. He stated in the Globe and Mail that he wanted to find out what was real and what was noise and that doctors should open their books, and it was very clearly stated. I have the reference here. Mr Michael Decter, Globe and Mail, November 19, 1991: "We need to find out what's real and what's...noise." We need the doctors to "open their books."

There was an obsession with us making public our figures and what we were earning, and it was almost like, you know, picking us off one by one. There was need to find out and make public what we were earning. It was a continuing theme from the ministry.

**Mr Eves:** In your opinion, would physicians opening their books assist the government in dealing with this issue?

**Dr Hollingsworth:** I think one of the issues that is very important to understand is the difference between gross and net income, which is a major issue here; that 50% of a doctor's income goes to spending money taking care of his patients—getting tests arranged, getting consultations typed etc. For example, when Mr Decter came to Sudbury, he made a presentation that included astronomical billings by certain doctors, and one example he gave was a dermatologist billing \$700,000. This does not take into account the costs that are involved with running an office.

The government has attempted to kind of make us look bad by saying we should open our books and that this specialty bills an average of this amount and that amount, so that even in our own towns people say, "Well, he's a gastroenterologist; therefore, he's billing X number of dollars." It has been very difficult for us.

**Mr Eves:** During the course of this entire matter in the Sudbury area, has anyone ever indicated to you that they were able to obtain confidential information about any Sudbury physician?

**Dr Hollingsworth:** Yes, and I will give that evidence in camera. That is the extra evidence I have to give.

**Mr Eves:** Are you at liberty to say who?

**Dr Hollingsworth:** I am not.



**Mr Eves:** Are you at liberty to say where this information came from?

**Dr Hollingsworth:** I think if I explained the circumstances—

**The Chair:** If I might, I would just like to remind Dr Hollingsworth of the earlier warning. In the event that you cannot provide, in response to a question, an answer which would not divulge private and confidential information, there will be an opportunity in an in camera proceeding to continue on with that line of questioning.

**Mr Eves:** Perhaps you could assist me, Mr Chair. How is my asking the witness, "Who provided this information?" divulging confidential information?

**The Chair:** I am advised by counsel, Mr Eves, that it is very difficult to respond to the question without divulging the problem which is required to be done in an in camera proceeding.

**Mr Eves:** Well, I guess I will have to wait for that, Mr Chairman—

**The Chair:** Thank you very much, Mr Eves.

**Mr Eves:** —and take your advice and counsel's advice.

**The Chair:** Mr Harnick.

**Mr Harnick:** I have one question, doctor. In the course of your lobbying to discuss the threshold and have the government understand the circumstances of doctors generally and how they would be affected by the threshold issue, did you, during the course of time that you were involved in this, come to realize or become aware of any particular strategy that the government was using in terms of this issue?

**Dr Hollingsworth:** You are asking me for my own conclusions from a set of events that occurred?

**Mr Harnick:** Yes.

**Dr Hollingsworth:** There was, we felt—well, I certainly felt—a definite intimidation occurring, particularly when I spoke at the meeting in Sudbury and Dr MacMillan produced a file marked "Confidential" while I was speaking. That was very threatening at the time. Different physicians

had told me that Dr MacMillan had told them he was carrying their files in his briefcase. I am told he produced the file of one physician and threw it on the desk and said, "You don't bill very much, do you?" So there was a definite attitude that there were good boys and bad boys in the classroom.

Also, the use by Mr Decter of gross billing figures for an area that was separate to Sudbury and in totally different circumstances, in a public meeting which was widely covered by the media, was potentially very damaging for local doctors. Because if I am a dermatologist, or a cardiologist or a gastroenterologist, the average Mr Joe Public would therefore say, "There goes Hollingsworth, the gastroenterologist, who bills this amount of dollars." So even by not releasing our figures, it was extremely damaging to us in terms of our relationship with the public.

**Mr Harnick:** Did you ever get a sense of how the government was trying to justify to the public the use and acceptance of this threshold issue?

**Dr Hollingsworth:** I think, obviously, the average person earning X amount of dollars and seeing someone earning 10 times X amount of dollars would have very little sympathy for that person without realizing that you can divide that number in two; you can take off money for a pension plan, for health care benefits, optical and dental insurance. When you get down to it, our incomes were not that much higher than the bonus miners in Sudbury, although the gross incomes were. So I think there was a definite fogging of the real issue on behalf of those people such as Mr Decter releasing those figures at public meetings.

**Mr Harnick:** Thank you, Doctor.

**The Chair:** Thank you very much, Mr Harnick. Thank you, Dr Hollingsworth. That will bring to a close the proceedings of this morning. We will resume at 2 pm. For members of the committee and for those in the audience, our proceedings will be an in camera session commencing at 2 pm. The meeting is adjourned until 2 pm.

The committee recessed at 1203.

## AFTERNOON SITTING

The committee resumed in closed session at 1407.  
The committee continued in open session at 1530.

EVELYN DODDS

**The Chair:** I call the meeting to order, seeing a quorum. Before us now is Mrs Evelyn Dodds. Mrs Dodds, I would like to indicate that it has been the practice of this committee that anyone coming before the committee is given an oath. At this point in time, I would like to invite the clerk to administer the oath to you.

Evelyn Dodds, sworn.

**The Chair:** Mrs Dodds, just before counsel commences questioning, I have been giving a warning to all persons who are before the committee. In the event that you are asked a question which you cannot properly answer without divulging confidential information could you please advise the committee, and if there is not a way to disclose this information without divulging such confidential information, then the matter will be addressed in camera.

**Mrs Dodds:** Thank you.

**The Chair:** Ms Jackson.

**Ms Jackson:** Mrs Dodds, I understand that you are a resident of Thunder Bay.

**Mrs Dodds:** Yes, I am.

**Ms Jackson:** And that you have lived there since approximately 1978.

**Mrs Dodds:** That is correct.

**Ms Jackson:** You are, as I understand, currently an alderman in Thunder Bay—

**Mrs Dodds:** Yes, I am.

**Ms Jackson:** —a position which you have held since November 5, 1991. You are in your first term, I understand.

**Mrs Dodds:** That is correct.

**Ms Jackson:** Before that, you were active in local politics to the extent of having been a school board trustee for six years, and during that period chairman of the board of education for a period of two years.

**Mrs Dodds:** That is correct.

**Ms Jackson:** Just continuing with the sort of political part of your career, you ran, as I understand it, for provincial office on behalf of the Progressive Conservative Party in 1987.

**Mrs Dodds:** Yes, I did.

**Ms Jackson:** Unsuccessfully.

**Mrs Dodds:** Very unsuccessfully.

**Mr Elston:** I know the feeling.

**Ms Jackson:** And a year later you left the party.

**Mrs Dodds:** Yes, I did. I publicly resigned from the Conservative Party a year after that.

**Ms Jackson:** From that time to this, you have not been an active member of a political party.

**Mrs Dodds:** That is correct.

**Ms Jackson:** You are the manager of a clinic called the Intercity Orthopaedic Clinic.

**Mrs Dodds:** Yes, I am.

**Ms Jackson:** You have held that position since September 1990.

**Mrs Dodds:** That is right.

**Ms Jackson:** Mrs Dodds, let me take you back to the period before December 5 of last year and ask you what knowledge you had, if any, before then of any controversy surrounding the reaction of the medical community in Sudbury to the agreement that had recently been entered into between the OMA and the government.

**Mrs Dodds:** There had been a few articles, but certainly not headlines, in our local newspaper that described the protests of one or more physicians, and there had been an article published that referred to a physician who had closed his clinic and had to lay off 14 people.

**Ms Jackson:** Did the article identify the physician by name?

**Mrs Dodds:** I do not recall whether or not it did.

**Ms Jackson:** Did the article identify the physician by specialty?

**Mrs Dodds:** I believe it stated his specialty to be dermatology.

**Ms Jackson:** Apart from what you read in the newspaper about those matters generally and that physician specifically, did you have any other knowledge of any controversy on this issue in Sudbury?

**Mrs Dodds:** No, not in Sudbury.

**Ms Jackson:** Or any direct involvement in it?

**Mrs Dodds:** None whatsoever.

**Ms Jackson:** Was there a similar controversy in the period before December 5, 1991, among the medical community as you knew it in Thunder Bay?

**Mrs Dodds:** No, there was not. There was no public controversy at all. There were many doctors who were objecting in private conversations to what was going on, and of course as a clinic manager I had experienced some difficulties in adjusting to all the changes that OHIP had imposed upon us, but there had been no public statement or controversy that I was aware of.

**Ms Jackson:** On December 5, 1991, I understand that you attended a social function in the evening.

**Mrs Dodds:** Yes, I did.

**Ms Jackson:** What was the function?

**Mrs Dodds:** This was a Christmas cocktail party hosted by the Canadian Institute of Mining and Metallurgy, of which my husband is a member. It was an early evening type of event that I went to for just a very brief period of time, because I was on my way to the airport.

**Ms Jackson:** Why did you go?

**Mrs Dodds:** My husband persuaded me that many of our friends in that organization whom we had not seen in



quite some time had been asking about me. I had not even written that particular function down in my day book because I did not think I was going to fit it in, but he persuaded me that I had half an hour or so before having to get to the airport, and would I just pop in and say Merry Christmas to everyone and then be on my way.

**Ms Jackson:** This was a Thursday night.

**Mrs Dodds:** Yes, it was.

**Ms Jackson:** Approximately what time was the function?

**Mrs Dodds:** It was about—after 6 and before 7—the plane was at 7:25—somewhere between 6:15 and a quarter to seven, somewhere in that area. I cannot be more specific than that.

**Ms Jackson:** Some time between 6:15 and a quarter to seven would be, are you saying, the time when you arrived at it?

**Mrs Dodds:** Somewhere in that time period I was actually at the reception. I know I got to the airport by about 7 and I know I did not leave the house before 5:30. That is as close as I can tie it down.

**Ms Jackson:** Can we take it that the cocktail party was under way before you arrived and continued after you left?

**Mrs Dodds:** Yes.

**Ms Jackson:** Who was in attendance?

**Mrs Dodds:** They were CIMM members, geologists and mining people and engineering people and mining suppliers and so on, who belong to that organization, and their mates, having a Christmas party.

**Ms Jackson:** About how many people, roughly?

**Mrs Dodds:** There were about 80 to 100 people in the room, I would guess.

**Ms Jackson:** Where was it being held?

**Mrs Dodds:** It was at the Airline Motor Hotel, which is just down the road from the airport, which is why I was able to pop in.

**Ms Jackson:** In addition to the members of the institute and their spouses or friends or whoever, was anyone else—did you know that anyone else was going to be in attendance?

**Mrs Dodds:** No.

**Ms Jackson:** Was in fact anyone else in attendance?

**Mrs Dodds:** Well, as it turned out, Shelley Martel was there.

**Ms Jackson:** When you arrived at the cocktail party was Miss Martel already there?

**Mrs Dodds:** I do not know. I did not see her.

**Ms Jackson:** Had you met her before?

**Mrs Dodds:** No.

**Ms Jackson:** What did you do when you arrived?

**Mrs Dodds:** I went from group to group and received congratulations, from people I had not seen in quite some time, on the election that had—it had been a long time since I had seen some of these people, and chatted about how everyone was and wished people a Merry Christmas and just gradually was making my way around the room to

get back to the door and get out. My husband was being very good at shepherding me from group to group so that I would not be late for the airport. Just as we got to the end of our tour of the room, he said: "Oh, come over here. Someone wants us to meet Shelley before you go."

**Ms Jackson:** Did you know whom he meant?

**Mrs Dodds:** No, I did not at that time.

**Ms Jackson:** What happened then?

**Mrs Dodds:** I finished whatever I was saying to the people I was talking to and turned to meet the next group, and it was Shelley Martel and she was introduced to me and a discussion started.

**Ms Jackson:** All right. When you were introduced to Miss Martel, was your husband there?

**Mrs Dodds:** Yes.

**Ms Jackson:** Who else was in the immediate group of people with you when you met Miss Martel?

**Mrs Dodds:** There was an employee of the local ministry of northern affairs standing with Miss Martel.

**Ms Jackson:** Do you know who that was?

**Mrs Dodds:** Yes, I do.

**Ms Jackson:** Who?

**Mrs Dodds:** Do I say it here?

**Ms Jackson:** Yes.

**Mrs Dodds:** Okay, it was John Mason. I did not know him at the time but I have since learned that that was his name. My husband knows him. I had not—I do not think I had met him before. There was a prospector by the name of Dave Petrunka standing to my right and there was another person standing behind my husband. Neither one of us knows who he was and he was not there for the whole conversation.

**Ms Jackson:** Do I take it from what you have said that you were more or less a sort of circle of people?

**Mrs Dodds:** Yes.

**Ms Jackson:** And on your right, then, we would find whom?

**Mrs Dodds:** On my right would be Dave Petrunka and then Shelley Martel, then her assistant and then my husband and myself and then the other man, who was sort of in between, standing behind my husband for just a brief period of time.

**Ms Jackson:** All right. How close to one another were you, just roughly speaking?

**Mrs Dodds:** Five or six feet, just the distance a conversational circle needs to be in a reception where everyone is talking at once and where you want to hear each other.

**Ms Jackson:** After the introductions, was there any conversation?

**Mrs Dodds:** Yes. My husband began to tell Miss Martel his opinion of some of the recent legislation that he felt was impacting negatively on small mines, and Miss Martel did not react sympathetically to his comments. The conversation then leaped rather rapidly from legislation impacting on mines to the impact of payroll burdens mandated by other levels of government to the EHT, the



employer health tax, to health care costs. It leaped very rapidly from those, from one to the other.

When it got into the discussion of the health care costs, Miss Martel made a comment to the effect that it was doctors who were receiving most of the health care moneys and she said something about how doctors were seeing patients as if they were on an assembly line and were earning far too much money. Of course my attention was riveted at that point because that is a subject dear to my heart now, managing a clinic. I said that there were good doctors and bad doctors but that capping their incomes was certainly not the way to restrict the bad ones from the things they were doing. I began to try to explain to her the difference between gross income and net income and she interrupted. She seemed to be very defensive and irritated at what I was saying, expressing the views that I was—

**Ms Jackson:** Can I just stop you there?

**Mrs Dodds:** —in somewhat the same tone of voice that I am right now.

1540

**Ms Jackson:** Can I just stop you there, because I want to ask you about that. First of all, you said your husband began by expressing some negative views about mining issues. Can you describe his manner when he did that? Was he speaking loudly?

**Mrs Dodds:** As loudly as you need to be heard in a room like that, which would be reasonably loudly, just a slightly louder than normal conversational tone.

**Ms Jackson:** And fairly forcefully?

**Mrs Dodds:** I would not—mind you, he is my husband. I find it very difficult to describe him objectively. I did not think there was anything more forceful about the way he was speaking than any other time. Naturally, if he is expressing a political opinion or an opinion on legislation that he considers to be damaging, there is an urgency to his tone.

**Ms Jackson:** Can you describe for the committee Miss Martel's manner when she responded to your husband's—

**Mrs Dodds:** Instant rejection.

**Ms Jackson:** —to his remarks? Was she forceful, was she quiet, was she flustered, was she calm? Anything you can tell the committee about her manner?

**Mrs Dodds:** She reacted very quickly to anything that was said, very negatively and disdainfully, just as if she—brushing off other people's ideas. It was not the sort of discussion where people listen to each other, perhaps agreeing to disagree but at least understanding each other a little bit more at the end. It was just a very—I guess I could best describe it as if she had said: "Oh, don't bother me with that. You're wrong," just that kind of, "It's wrong; get away from me," sort of attitude.

**Ms Jackson:** Now, you said you had never met Miss Martel before.

**Mrs Dodds:** No, I had not.

**Ms Jackson:** Can we take it from that that you would be unable to say whether she appeared to be tired or

stressed, because you would not know what she ordinarily appeared to be?

**Mrs Dodds:** I would have nothing to compare to, but I did not observe anything that struck me as unnatural. I would not have described her as being tired or stressed. If this had not happened, I would not have thought to describe her as anything other than someone who was there and looked normal.

**Ms Jackson:** But you do not know what she would be like normally, never having seen her before?

**Mrs Dodds:** No, that is right.

**Ms Jackson:** And you have never seen her since?

**Mrs Dodds:** That is right; I have not.

**Ms Jackson:** And you never had a conversation with her?

**Mrs Dodds:** No.

**Ms Jackson:** All right. Now, you said that you reacted and you made a comment to her about doctors. Can you describe your manner when you made that comment? Were you speaking loudly?

**Mrs Dodds:** Loudly enough to be heard, but my pace of tone and my intensity were perhaps the same as right now. I was looking her straight in the eye and trying to impress my point upon her, because obviously I felt it important that she understand it. But it was simply not received.

**Ms Jackson:** What was her response?

**Mrs Dodds:** Her response was irritation, defensiveness, a very rapid cutting off of sentences.

**Ms Jackson:** You have described the manner of her response. Can you remember what she said?

**Mrs Dodds:** She began to—I have to back up. What was the last thing I told you I said?

**Ms Jackson:** You gave us your opening remarks about doctors.

**Mrs Dodds:** Yes. I was trying to explain to her the difference between gross and net and I began rhyming off all the expenses that are paid from a physician's gross income. As I was rhyming them off she said, "Oh, for heaven's sake, I don't believe any of this," or something like that. And then someone to my left said, "What about that doctor in Sudbury who just had to lay off 14 people?"

**Ms Jackson:** Who said that?

**Mrs Dodds:** I am not certain. My husband cannot remember saying it. I know it came from my left. I did not turn to see who said it. He does not remember saying it but it might have been him or it might have been the man standing next to him. We do not remember.

**Ms Jackson:** Was it you?

**Mrs Dodds:** No, it was not me. I was trying to—as a matter of fact, the image I had in my mind when I was trying to explain this to her was more or less my own clinic, not anyone else's situation, but trying to say, well, the secretaries and the nurses and the people who do the billing and the people who schedule the operations and so on and even the people who clean your office are all people



who are paid from a doctor's income. Then that is when someone said, "What about that doctor in Sudbury who just had to"—oh, no, there was something even before that, where I said, "You're making doctors leave this province, and as a citizen I am becoming increasingly nervous that some day I am going to be sick and hauled into a hospital and there will be no one of the right specialty to care for me." She said, "Oh, they're not leaving," and I said: "Yes, they are. You go on down and check the statistics on orthopaedic surgeons. They're leaving the province."

**Ms Jackson:** Now, you have put that point today—

**Mrs Dodds:** Yes.

**Ms Jackson:** —as forcefully and emphatically—

**Mrs Dodds:** Yes.

**Ms Jackson:** —and with some gestures. Did you do it that way at the cocktail party?

**Mrs Dodds:** Certainly.

**Ms Jackson:** And what was her answer to that?

**Mrs Dodds:** Again, she began to talk over me, and I do not remember the exact words, but she was not having any part of it. She did not believe they were leaving Ontario and she certainly did not believe they were deserving of anyone's kindness. Then when the statement came up—and it is hard to remember the exact sequence of what was said when—but when the comments came up on the Sudbury doctor who had fired or had had to lay off 14 people—"What about that doctor who just had to lay off 14 people?"—that is when she stopped me cold and she said, "Oh, him."

**Ms Jackson:** And now you have just gestured like this.

**Mrs Dodds:** Her hand went like this: "Oh, him."

**Ms Jackson:** You have just gestured with your right hand.

**Mrs Dodds:** Yes, she did.

**Ms Jackson:** Did she do that?

**Mrs Dodds:** Yes, she did.

**Ms Jackson:** You have gestured with your right hand. Did she do that?

**Mrs Dodds:** I would have to stop and visualize which is my left facing her. She gestured. I really would not want to swear as to which hand she gestured with.

**Ms Jackson:** All right. And what did she say?

**Mrs Dodds:** She said, "Oh, him." She said: "I've seen his file. You're going to lose all sympathy for him when you find out how many charges we lay against him" or "are going to be laid against him." I cannot remember the exact, but charges were going to be laid against him.

**Mr Kormos:** Can we—

**The Chair:** Mr Kormos?

**Mr Kormos:** Once again, there is a whole whack of people over there trying to write this down. I am trying to write it down, too. If we could do this slowly.

**Ms Jackson:** Mrs Dodds, there is of course going to be a Hansard of this, but a lot of people are trying to take down exactly what you say now for questions later or any other purpose. So I think on this it might be helpful, and generally, if you could speak just a little more slowly.

**Mrs Dodds:** I will try.

**Ms Jackson:** Now, could you, for the benefit of the committee members, repeat your best recollection of what Ms Martel said?

**Mrs Dodds:** She said: "Oh, him. I've seen his file. You're going to lose all sympathy when you find out how many charges are laid against him."

**Ms Jackson:** Now, you have said the words "laid against him" might be that or might be something else?

**Mrs Dodds:** I cannot recall if she said "we are going to lay against him" or if she said it in the objective "are going to be laid." I cannot remember if she said "we are going to lay them" or "they're going to be laid," but they were going to be laid.

**Ms Jackson:** All right. And when—

**Mrs Dodds:** And then there was something to the effect of: "You're going to be surprised. You're wrong. I know about that situation." There were a few other little comments back and forth. I think two or three people started talking at once then. Then I said, "What did you just say?" or "What?" And she said, "Yes, it's criminal," and she used the word "criminal," which made me very frightened. At that point my husband said, "Well, it's time to get you to the airport."

**Interjection:** Thank you for caring.

**Mrs Dodds:** Yes, thank you for caring, yes—and we managed to put on our best smiles and say, "Well, it's been very nice to meet you," and shake hands around the circle. He took my arm and out the door we went, and I have to confess, I was still muttering all the way down the hall.

**Ms Jackson:** What was the tone of her voice when she made the comments you have just recited?

**Mrs Dodds:** Utter contempt for physicians; utter disdain for any views that were not hers.

**Ms Jackson:** Now, what was it that she did that gave you the impression of utter disdain?

**Mrs Dodds:** Oh, just the way it was—the earlier comments about doctors seeing patients on an assembly line, the way she said, "Oh, him," when the doctor—

**Ms Jackson:** So it was what she said that made that impression to you?

**Mrs Dodds:** Her tone and the words; just utter contempt. You have to appreciate that I have only been a clinic manager—I was an engineering firm manager and a mine controller before that. I have only been involved in the medical field for a little over a year. I know full well that the doctors I work for do not have the faintest idea what is being billed for them. I am responsible for that. I have a staff, and it worries me enormously to think that if I am making a mistake in the way my staff is handling their billings, there is a possibility that someone like Shelley Martel could raise the spectre of charges. As a clinic manager, this was a very frightening thing to hear.

1550

**Ms Jackson:** So you are explaining how you reacted and why you reacted.

**Mrs Dodds:** Yes, that is right.



**Ms Jackson:** How loud was her voice, if you can recall, when she made those remarks?

**Mrs Dodds:** It was not shouting. It was intense; a little sharp, perhaps, and loud enough to be heard in a cocktail party setting. Of course, you always have to be a little louder in a situation like that.

**Ms Jackson:** To be heard in your immediate group.

**Mrs Dodds:** Mm-hmm, because there is commotion all around you; there are people talking behind you and around you.

**Ms Jackson:** What did you take from those words?

**Mrs Dodds:** I had the distinct impression that the Sudbury doctor who had been reported in the newspaper as having laid off 14 people was going to be criminally charged. That was the impression I had. I further had the impression that Shelley Martel had information about him that the ordinary public did not have; that she had seen his file.

**Ms Jackson:** You said your husband took you away and got you in the car to go to the airport. Did you have occasion to discuss this conversation with anyone when you got to the airport?

**Mrs Dodds:** Yes, when I roared into the airport—and it turned out we had five minutes before I had to go through security—my husband, Bob, said, “Come on, I’ll get you a cup of coffee and calm you down.” We went into the little coffee shop in the airport and there was one of my bosses, an orthopaedic surgeon who had just returned from one of the remote community clinics that he conducts, and he was waiting for someone who was picking him up. As I did not know he was going to be there, I did not realize our paths were going to cross. But as soon as I saw him I went over to him and I said, “John, John, what’s going on in Sudbury?” He said, “What do you mean?” I related this conversation that I had had five minutes before with Shelley Martel and I said: “For heaven’s sake, she’s talking about criminal charges. We’d better find out what’s going on there, what’s happening. Do you know who this person is in Sudbury?” He said he did not, and I said, “Well, find out. I’ll call you tomorrow from Toronto.” His ride came—actually the fellow who was picking him up came during this very brief discussion and my husband was talking to the person who came to pick him up. John and I finished our conversation and then off I went through security.

**Ms Jackson:** Now, the person you had this conversation with is named what?

**Mrs Dodds:** Dr John Porter.

**Ms Jackson:** Did you have any further conversations about the conversation you had had with Ms Martel that day?

**Mrs Dodds:** No.

**Ms Jackson:** Now, you said you were going to Toronto. For what purpose did you go to Toronto?

**Mrs Dodds:** My employers had asked me to attend a special conference put on by the Canadian Institute of Law and Medicine on the subject of the freedom of information act. I had recently written our access-to-information policy for the clinic. They were not certain that it was correct and they wanted me to go to this conference to check it out.

**Ms Jackson:** So you went to the conference the next day.

**Mrs Dodds:** It was at the Royal York Hotel.

**Ms Jackson:** Was there anything that took place at that conference that called up the memory of what had happened the night before?

**Mrs Dodds:** I guess you could say it was the final straw. The first scheduled speaker was not there so the conference began with the second one and then someone else started to speak. None of that was a surprise to me at all. Then a man came who was late. He was supposed to have been the first one to speak so they put him back on, even though he was supposed to be the first one. They put him on when he arrived. I believe it was Mr Decter, who is with the Ministry of Health. He was late because he had been in Sudbury the night before. There was a fierce snowstorm and that had caused him to be late.

He began his talk by making a lot of humorous references to the meeting the night before in Sudbury, which I had not known about until that moment. There were quite a few people there and I gathered from the comments he made—the exact nature of which I cannot recall—but he was joking about how they had been pretty hard on him, which, of course, made me remember the night before because that was the situation raised in my discussion the night before as well. Here he was referring to the same situation.

Then he said something about, “For what we pay doctors they should be glad to”—and I did not even wait to hear the rest of his sentence. It was a disparaging comment about physicians in general and I am afraid that was when I became angry. That was the straw that broke the camel’s back. I just banged my hand down on the table and I said, “That’s enough,” and I told the people at the table with me, “Save my place; I’m going to be back,” and I went to my room and began making phone calls.

**Ms Jackson:** Whom did you telephone?

**Mrs Dodds:** The first person I tried to reach was Mike Harris. You must appreciate that I had no idea what was going on in Queen’s Park. I have my hands full with my own life in Thunder Bay, and I had no idea what was going on, what the latest situation was with the OMA and the government, or whether the opposition parties had been doing anything. I had no idea.

**Ms Jackson:** Now, just stopping there, were you calling Mr Harris about the remark you just heard from Mr Decter, or about what had happened the night before, or about—

**Mrs Dodds:** What had happened the night before.

**Ms Jackson:** And why were you calling Mr Harris?

**Mrs Dodds:** I wanted to find out what had been going on. Number one, I did not know if this doctor in Sudbury really was being charged or not.

**Mr Jackson:** Did you think Mr Harris would know?

**Mrs Dodds:** I thought he would have some idea what was going on in this battle, because it was obvious from Mr Decter’s comments in the morning that it was a fairly public and controversial battle, so I did expect that he would know.



I had no idea how to place what I had witnessed into any sort of perspective. I am right out of it as far as Toronto politics are concerned. I do not know where to fit such an incident into the scheme of things, and I wanted to talk to him to get his reaction and his advice.

**Mr Jackson:** So you were looking for somebody who knows a little bit more about this controversy than yourself?

**Mrs Dodds:** That is right.

**Mr Jackson:** Why choose Mr Harris?

**Mrs Dodds:** He is a friend of mine.

**Mr Jackson:** All right. Did you succeed in reaching him?

**Mrs Dodds:** No, he was not in the office. His assistant gave me his constituency number and I phoned there, but he was apparently at a funeral and would not be reachable for several hours. So I phoned his Toronto office back again and said, "Look, Mike is unavailable, where's Dianne?" I am also friends with Dianne Cunningham. They said, "Well, she's in her constituency office, and we know she's there because we just talked with her a little while ago," so I got that number and phoned her, and I was able to speak with her right away.

**Mrs Jackson:** And what was it you were contemplating doing? Were you contemplating doing anything as you were trying to find someone who knew a little bit more about this issue than you, or were you just trying to gather more information?

**Mrs Dodds:** I had not formed any specific plan until discussing it, though I knew that an action by a minister of the government that had angered me that much was something that should be made public in some form. How to do that, I had not decided. I told Dianne what had happened, and I—

**Ms Jackson:** You did get hold of Dianne?

**Mrs Dodds:** Yes, she was there, and so I was able to speak with her. I described to her what had happened, and I told her I was very angry, that I felt that what I had witnessed was indicative of the general attitude of this government towards physicians, and that I was becoming extremely nervous about what was going to happen to health care in general, not only as a clinic manager but as someone slowly, perhaps quickly, reaching old age, I would really like the availability of health care to remain solid in this province.

**Ms Jackson:** In addition to talking about that general concern, did you tell her specifically about the conversation of the night before?

**Mrs Dodds:** Yes. I described it exactly and I said: "What's been going on down here? Have you heard anything about a Sudbury doctor having criminal charges laid against him?" She said, "No, I haven't." I said: "Well, what was Shelley Martel saying to me, then? She told me that in front of people."

**Ms Jackson:** Did she know what Sudbury doctor was being referred to?

**Mrs Dodds:** She did not remember the name. I did not know the name, and she never mentioned the name if

she did remember it. The name did not come up, but she knew that it was the one who had been in the paper as laying off 14 people. We both knew which one we were talking about from that description.

**Ms Jackson:** All right. Was anything else said in that conversation about the incident?

**Mrs Dodds:** Well, I said: "I think I have to do something about this. This has got me very angry. What should I do?" and she said, "Well, I can't really advise you, but you know what to do." I said: "Well, this has to be made public. I'm going to go down there and tell people. Do you know of any reason why I shouldn't do that?" She said no, she did not know of any reason why I should not, as long as I was absolutely certain that what I was telling was the truth. I said, "It certainly is," and—

**Ms Jackson:** Just so we understand the context in which you were putting this, did you at that time know anything about any process for the review or investigation of doctors' billings, either in the ministry or in the College of Physicians and Surgeons?

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**Mrs Dodds:** Very little. It had not come up in the year or more that I had been managing the clinic. Even right now I cannot tell you the exact process for it.

**Ms Jackson:** Now, having told her and she having agreed that it was appropriate that it should be made public, what did you do next?

**Mrs Dodds:** I then called Dr John Porter, who was at the Port Arthur General Hospital in surgery. I cannot remember if I happened to catch him right away or if he had to call me back, but I said, "You remember what I told you about last night in the airport?" He said, "Yes," and I said: "Well, I'll tell you, they've made me mad again this morning. The fellow who spoke this morning has the same attitude towards you guys." I said: "I've had enough of it. I want to go down there and say publicly what happened last night, but you never know when you do things like this what the repercussions are going to be." I said: "I need your permission. This is not something that I can do on my own." And he said, "Oh, well, as far as I am concerned, go right down there and tell them."

**Ms Jackson:** Why did you need his permission, in your mind?

**Mrs Dodds:** Because I work for a clinic and my actions, when they are within the health field, could have been construed as coming from the clinic or from my employers, and you never know what people are going to think. I mean, I have taken on some rather controversial challenges in my time, and one thing I have learned is that you can never predict what people are going to think or how they are going to react. Sometimes you think that there should be a darned volcano going off out there and there is nothing and nobody seems to care; other times you do something that you think is perfectly simple and innocent and whole world blows up. So I had learned that fallout from such things is unpredictable and sometimes spreads further than the individual. When I challenged the educational system, I think the biggest victims of that were my children, and



I needed their permission when I was doing that. So in this case, because I am associated with a clinic and because it was a medical issue that I was going to say something publicly about, it was just the right thing to do, to ask my bosses if it was all right.

**Ms Jackson:** And did he say it was all right?

**Mrs Dodds:** He said that as far as he was concerned it was fine, but he said: "Listen, I better check with the partners. I'll get back to you." Then I called my husband and told him what I was about to do and we chatted for a while, mostly about the storm the night before and things like that, and then my—

**Mrs Jackson:** And then did you get further permission from Dr Porter?

**Mrs Dodds:** Dr Porter called me back and said that he had been successful in reaching three of the partners. The fifth one—he makes the fourth—the fifth one was in surgery and could not be reached, but they had said, "Yes, go ahead."

**Ms Jackson:** So what did you decide then to do?

**Mrs Dodds:** I went back downstairs to the conference room, which had about 300 people in it, I estimate, associated with the medical field. Question period was going on, and as I walked in the back doors the person who was standing at the centre microphone had just left that microphone. So I just walked right up to it and very shortly thereafter was asked what my question was and I publicly repeated what Shelley Martel had said the night before.

**Ms Jackson:** Mrs Dodds, beside you there is a black book of exhibits. I would ask you to turn to exhibit 17 and tell the committee whether that is in fact a correct report of what you asked and what you were told.

**Mrs Dodds:** How do you find 17 in here?

**The Chair:** Just one moment. The clerk will assist.

**Mrs Dodds:** Oh, thanks. This is the same one that you gave me to check?

**Ms Jackson:** That is the same one I showed you last time.

**Mrs Dodds:** Yes, okay. I checked this yesterday and this is what I said.

**Ms Jackson:** Mrs Dodds, did you give any consideration to the fact that by making these allegations as public as you did, you were making the allegations about the doctor a great deal more public than Ms Martel had?

**Mrs Dodds:** That frankly did not cross my mind. After all, a minister is the second-highest-placed person in the entire province and she had said those things to a total stranger the night before. It would not even cross my mind that they were considered private by other people.

**Ms Jackson:** Did you have any information that they were being any more broadly circulated than mentioned in a conversation the night before?

**Mrs Dodds:** I knew no more about it than I have related to you. I did not have any idea what was going on or—I do not always get to read the Toronto newspapers.

**Ms Jackson:** So there was at least the possibility that by repeating these allegations in a public place you were

giving them much greater circulation than they had previously had.

**Mrs Dodds:** That did not occur to me. It did not.

**Ms Jackson:** All right. After you had the exchange that is recorded in exhibit 17, what was the next event arising from your earlier conversation with Shelley Martel?

**Mrs Dodds:** What happened next?

**Mrs Dodds:** I went back to my room and called the Globe and Mail.

**Ms Jackson:** Why did you do that?

**Mrs Dodds:** Because I felt very strongly that this behaviour had to be publicly exposed.

**Ms Jackson:** Who did you call?

**Mrs Dodds:** No person in particular. I have no contacts in the Toronto media any more and I simply called the news desk. Someone took my call.

**Ms Jackson:** And what did you say to the news desk?

**Mrs Dodds:** I repeated exactly what I had said in the session downstairs.

**Ms Jackson:** Do you know if they published it?

**Mrs Dodds:** I have no idea. I did not get the Globe for about a week after that. We have to make a special trip into town to find the Globe and then race other people to it.

**Ms Jackson:** Did anything more happen on the Friday then—December 6 this is—that related to the conversation you had had with Shelley Martel?

**Mrs Dodds:** No, there was nothing else that day.

**Ms Jackson:** And did you return home—

**Mrs Dodds:** Yes.

**Ms Jackson:** —to Thunder Bay the next day?

**Mrs Dodds:** To Thunder Bay the Friday night, yes.

**Ms Jackson:** And did you have any conversations on Saturday in relation to this matter?

**Mrs Dodds:** Yes, I did. During the afternoon I received a telephone call at my home from someone who identified herself as Shelley Martel's assistant.

**Ms Jackson:** Did she give you a name?

**Mrs Dodds:** Yes. She said her name was MaryLou—Lou or Ann? I can never remember. MaryLou, I think.

**Ms Jackson:** Did she give you a second name?

**Mrs Dodds:** No.

**Ms Jackson:** And what did she say?

**Mrs Dodds:** She said that she was calling on behalf of Miss Martel, that Miss Martel was going to be contacting me herself soon but that she was unavailable that day. She said that she was calling in reference to an unfortunate discussion that had taken place on Thursday night. I said, "You could call it that." She asked me not to repeat the substance of that conversation to anyone.

**Ms Jackson:** What is your best recollection of exactly what she said when she asked you not to repeat it?

**Mrs Dodds:** She said: "I am asking you not to tell anyone what was said on Thursday night. I am asking you not to repeat that conversation."

**Ms Jackson:** Did she say why?



**Mrs Dodds:** No.

**Ms Jackson:** What did you say?

**Mrs Dodds:** I said, "I'm sorry, but she said what she said and I can repeat it to anyone I choose."

**Ms Jackson:** You said that she indicated she was calling on behalf of Shelley Martel.

**Mrs Dodds:** Yes.

**Ms Jackson:** Are those the words she used, or is that the gist of what she communicated to you?

**Mrs Dodds:** I do not recall if she said, "I'm calling for her" or "on behalf of her" or "at her request," but it was very clear that she was calling for Miss Martel. I understood that Miss Martel had instructed her to call me. That is how I understood her purpose for calling.

**Ms Jackson:** Was there anything else said in that conversation, by her, first of all?

**Mrs Dodds:** I cannot remember anything else.

**Ms Jackson:** By you?

**Mrs Dodds:** No, simply that I refused to remain silent and she said, "Well, Miss Martel will be contacting you," and I said, "Thank you for calling," and hung up.

**Ms Jackson:** And did Miss Martel contact you?

**Mrs Dodds:** The next day.

**Ms Jackson:** This is now Sunday.

**Mrs Dodds:** Sunday.

**Ms Jackson:** I should go back—I am sorry—and ask you, you said that the conversation with MaryLou or MaryAnn was in the afternoon on Saturday?

**Mrs Dodds:** I think it was.

**Ms Jackson:** Do you remember when?

**Mrs Dodds:** Not exactly. I was preparing for a very large staff party for my husband's company. I was in a bit of a mess.

**Ms Jackson:** I take it it was a short conversation.

**Mrs Dodds:** Very short.

**Ms Jackson:** Ms Martel called you the next day. What is your best recollection of the time of day that she called you?

**Mrs Dodds:** Again, I think that one was in the early afternoon, somewhere around 2 o'clock. I cannot swear to the exact time, but that is my sense of when it took place.

**Ms Jackson:** And could you then give the committee your best and slowest recollection of what was said in that conversation?

**Mrs Dodds:** She identified herself. She said, "This is Shelley Martel," and I said hello. She said, "I'm calling you about our conversation on Thursday night," and she said, "I'm calling to apologize to you for the things I said." She said, "I want you to understand that the things I said were not based on fact," or "not founded on fact," or something like that, and I said: "Oh. Okay." She said: "Yes, I'm calling to apologize to you. Do you understand, I have not seen his file and he is not going to be charged?" She specified those two items as having been incorrect. She said: "The things I said were untrue," and she used the word "untrue," which completely flabbergasted me, because "untrue" is the same as a lie and I had just had a

minister call me and tell me that she had lied and I did not know what to say. I am not a person who is often stuck for words, but I was at that moment. I said, "Oh, well, I really"—she said it twice, because the first time I was just completely silent and then she repeated it. Then I said: "Well, it's very gracious of you to call. However, I think your apology would be better directed towards the physician," and she said, "Yes, I'm going to call Dr Donahue next."

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**Ms Jackson:** Had you ever heard his name before?

**Mrs Dodds:** No. That was the first I knew what his name was.

**Mrs Jackson:** What was said next?

**Mrs Dodds:** Very little. There was something about how she was going to apologize to him. She asked me to convey the apology to my husband and I said I would. She asked me my fax number. She said she was going to write me a letter and I gave her my fax number. This part went rather quickly.

I know you asked me yesterday if I had given her the name of the prospector who was standing next to me and I said no, I had not. I was thinking about that last night. I may have given her the name. I know that to all the reporters who wanted the names of the other people standing in the group, I did not reveal any names, and I would not do so without their permission, but I think I gave her the name.

**Ms Jackson:** Was there any conversation about anybody else who had been in your group on the night of the 5th?

**Mrs Dodds:** No, because the only—no. She did not ask me the name of the person she was with, and she knew this one on my left was my husband. The only one she could possibly have asked about was the prospector.

**Ms Jackson:** You had indicated, I think, that there might have been some other person in or near the circle that you did not know.

**Mrs Dodds:** I did not know who he was.

**Ms Jackson:** All right.

**Mrs Dodds:** I do not think he was there for the whole conversation either. We do not know him.

**Ms Jackson:** And is that your complete recollection of the telephone call?

**Mrs Dodds:** Yes.

**Ms Jackson:** What happened next that arises from the conversation on the 5th?

**Mrs Dodds:** On Monday morning, when I went to my office, there was a fax waiting for me and it was the letter which you have as one of your exhibits, where she apologizes for the comments that she made and says that they were without foundation, that her comments about the physician were entirely without foundation.

**Ms Jackson:** If you can give us a minute, Mrs Dodds, we have not in fact marked that as an exhibit.

**Mrs Dodds:** Oh, I beg your pardon.

**Ms Jackson:** That is the letter from Ms Martel to yourself dated December 8, 1991. Mr Chairman, could we mark that as the next exhibit, please?



**The Chair:** That will be marked as exhibit 39.

**Ms Jackson:** Before you received this letter, Mrs Dodds, had you had any contact with the media, apart from the call to the Globe and Mail that you made on Friday?

**Mrs Dodds:** Yes. On Sunday afternoon, about half an hour after Shelley Martel called me, as coincidence would have it, the Globe and Mail reporter phoned me to tell me that he had not been able to track her down, and was she still in Thunder Bay? I said I did not think so, I had just talked with her on the telephone, and I said, "I just had the most bizarre conversation."

**Ms Jackson:** You said "the" Globe and Mail reporter. You had not previously been talking to a Globe and Mail reporter, you just talked to the news desk?

**Mrs Dodds:** No, when I had called the news desk at the Globe, it was a reporter I was speaking with, who had questioned me about what had happened, yes.

**Ms Jackson:** Who was that, then?

**Mrs Dodds:** I am sorry, I do not remember. If he is here he is probably terribly offended, but I do not remember his name.

**Ms Jackson:** Was it the same reporter who called you back on the Sunday?

**Mrs Dodds:** Yes. If I see his name, I will probably recognize it.

**Ms Jackson:** And what did you say to the reporter?

**Mrs Dodds:** I told him I had just had an extremely bizarre conversation just a half an hour before with Shelley Martel and repeated it to him. He said, "This is getting weird." He had apparently been trying to find her.

**Ms Jackson:** Did you have any further conversation with the reporter?

**Mrs Dodds:** With?

**Ms Jackson:** With the reporter.

**Mrs Dodds:** No, it was a very brief conversation.

**Ms Jackson:** Then you get into your office on Monday morning and you receive exhibit 39—

**Mrs Dodds:** That is right.

**Ms Jackson:** —and you read it?

**Mrs Dodds:** Yes.

**Ms Jackson:** What did you then do? First of all, do you know when you received it?

**Mrs Dodds:** I knew it was early in the morning. I do not recall the exact time I went into the office that morning, but I usually do get in well before 9, so it could have been anywhere between 7 and 9. I do not remember. I did not make a note of my arrival time that day.

**Ms Jackson:** But was this one of the first things you saw when you got there?

**Mrs Dodds:** It was sitting right on my desk and, actually, one of the people in the office who had retrieved it from the fax machine, as soon as I got in, came roaring in to say, "What is that all about?" They had seen it and it was causing a bit of—

**Ms Jackson:** After you read it what did you do?

**Mrs Dodds:** Well, I knew that what I had in front of me was something that really had nothing to do with me and that this was something others would be in a better position to know what to do with. So I phoned Mike Harris's office again and said: "Guess what I have? I don't know what to do with this thing. You fellows will know better than I," and I faxed this letter to his office and forgot about it.

**Ms Jackson:** Who did you speak to in Mike Harris's office, Mr Harris or someone else?

**Mrs Dodds:** No, I think that time I was speaking with Bill King. I have never met Bill.

**Ms Jackson:** Why did you call Mr Harris's office on this occasion?

**Mrs Dodds:** Because he is the leader of an opposing party in the House. He would know what to do about an incident that involves a minister of the government. I do not know. He would know.

**Mr Mills:** That would be a change.

**The Chair:** Order, please.

**Ms Jackson:** Mrs Dodds, in response to the request, did you fax the letter?

**Mrs Dodds:** Yes, I did.

**Ms Jackson:** What happened next?

**Mrs Dodds:** I received a phone call from someone else in Mr Harris's office, a lady—I do not remember her name; again, I am sorry, I do not have a good memory for names—who said she wondered if I would simply write out the sequence of events that had happened because, obviously, since Thursday there had been a fair number of things that had happened, and I did.

I said, "I don't have time to type anything out." I was up to my eyebrows in work at the clinic. I said, "If I just handwrite it, will that be good enough?" And she said: "Oh, yes. It's just so that we know what it is this letter—where this letter fits into the sequence." So I did. I very quickly handwrote a description of the events, the chronology of events, and I faxed it through.

**Ms Jackson:** I am going to ask the clerk to put in front of you a copy of a four-page, handwritten letter of December 9, 1991, apparently from yourself to the attention of Mike Harris, and I will ask you if that is the letter you have just described.

**Mrs Dodds:** Yes, that is the one.

**Ms Jackson:** Mr Chairman, could we mark that as exhibit 40?

**The Chair:** Marked as exhibit 40.

**Ms Jackson:** Having done that, did you have any further involvement with respect to this matter on that day?

**Mrs Dodds:** No. I did not hear anything until the next day, and then all kinds of reporters were phoning me, so I gathered it had been raised in the House.

**Ms Jackson:** All right. I want to ask you about some reports of your conversations on the next day. May we take it that, apart from the discussions you had with the media, until you were called to give evidence in these proceedings,



you have had no further involvement with respect to this matter?

**Mrs Dodds:** None whatsoever.

**Ms Jackson:** I am going to ask the clerk, then, to put in front of you and to distribute to members four extracts from the media. The first is an article from the Windsor Star, December 10, 1991.

**The Chair:** He is just coming around.

**Ms Jackson:** Sorry, Mr Clerk, this is an unfortunate load. You might want to do all four at the same time.

There is also an article in the Times News from December 10, 1991; an extract from CHUM on December 10, 1991, and an extract from Morning North, CBC Sudbury, apparently an interview with you, Mrs Dodds, on December 11.

Mr Chairman, it might be a good idea if we marked them all as one exhibit collectively, exhibit 41.

**The Chair:** They will all be marked as exhibit 41 and distributed immediately.

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**Ms Jackson:** Just bear with us, Mrs Dodds. I would like these to be in front of everybody when I ask you the questions about them.

Can I just make a general inquiry of the room while this is going on? I had given my copy of the exhibits to the last witness to use and put it beside the witness desk, and it seems to have gone off. If anybody happens to have a large copy of the exhibits, I would greatly appreciate its return. There is just this one.

**Interjection:** There is a book back here.

**Interjection:** No, it is not that one; it is grey coloured.

**The Chair:** We will make inquiries to see where it may have gone off to.

Interjections.

**The Chair:** I believe the exhibits are now before all committee members, Ms Jackson.

**Ms Jackson:** Thank you, Mr Chairman.

Mrs Dodds, the first one I wanted to ask you about is some remarks that you are noted to have made to the Windsor Star on December 10, and I am looking at the third column of that article, where there is a paragraph that says, "Dodds said later in a telephone interview there were five people around when Martel made the remarks during an argument over the government's decision to put a cap on what a doctor can bill and that Martel spread her hands apart, indicating the doctors had a thick file."

That was not something you made any reference to in your earlier evidence, Mrs Dodds. Is that an accurate reference to your description to this reporter?

**Mrs Dodds:** She was gesturing quite a bit throughout the conversation and when she referred to the files, she did gesture to show that it was a big one. Now whether that was symbolic or literal, I have no way of knowing.

**Ms Jackson:** When you say she gestured, you spread your hands apart.

**Mrs Dodds:** Well, she went like that.

**Ms Jackson:** So she moved one hand or both hands?

**Mrs Dodds:** One, if she—just the one hand. "I've seen his file," just like that.

**Ms Jackson:** She moved one hand from the centre of her body over to the side? Is that a fair description of the gesture?

**Mrs Dodds:** That is as closely as I can recall it, yes.

**Ms Jackson:** And you interpreted that as being a reference to the size of the file?

**Mrs Dodds:** Yes.

**Ms Jackson:** Would it be fair that it might refer to something else? It might just be a hand gesture?

**Mrs Dodds:** It might have just been a gesture.

**Ms Jackson:** Then, can you look at the article of the Times News, December 10, 1991. In the third column again you are—reference is made to some comments of yours. Do you recall whether you talked to someone named Pauline Johnson of the Times News?

**Mrs Dodds:** Yes. Pauline Johnson was someone who called me several times. I recall the name because it is the name of a school in Brantford.

**Ms Jackson:** And you are reported there to have said—I am now looking at the third paragraph—that either Martel "was lying then or she is lying now." Did you in fact make those remarks to Ms Johnson?

**Mrs Dodds:** Yes, I did.

**Ms Jackson:** Then you are quoted as saying that you were "frankly shocked" by Ms Martel's outburst. Is that a fair—is that an accurate quote?

**Mrs Dodds:** Yes.

**Ms Jackson:** And last, you say, or you are quoted as saying, "The entire conversation was bordering on the hysterical." Is that an accurate quote?

**Mrs Dodds:** Hindsight is a wonderful thing. I do not know if I would use the word "hysterical" if I were writing this out to be an accurate description. It certainly verged in that direction. She certainly was reacting very quickly and strongly. "Hysterical" might be an overcharacterization.

**Ms Jackson:** So I take it you are not quarrelling that you might have used this word when you talked to Ms Johnson—

**Mrs Dodds:** No.

**Mr Jackson:** —but you are now saying it might not have been an appropriate word.

**Mrs Dodds:** That is right.

**Ms Jackson:** Whether or not it was appropriate to use the word, would you describe Ms Martel's demeanour on the occasion of December 5 as hysterical?

**Mrs Dodds:** No, I would not describe it as that now. It—almost hysterical.

**Ms Jackson:** Because of what she said or because of how she said it?

**Mrs Dodds:** A very rapid, intensely emotional and defensive reaction that just seemed out of proportion to the views that were being expressed in the group.

**Ms Jackson:** And then you are quoted as saying, "She just cut us right off and lashed out in a hateful way."

**Mrs Dodds:** She certainly did.

**Ms Jackson:** And is that an accurate quote?

**Mrs Dodds:** Oh, yes it is.

**Ms Jackson:** And did she—was she cutting you off in your remarks?

**Mrs Dodds:** Yes.

**Ms Jackson:** Was anyone cutting her off in her remarks?

**Mrs Dodds:** I do not recall. I know I had great difficulty completing my description of why gross and net billings were not the same thing.

**Ms Jackson:** Then, I would like you to turn to the report of your remarks on CHUM, and I am looking at the page that has a round numeral 9 on the left-hand corner and the word "Brian" on the top right-hand corner. See that page?

**Mrs Dodds:** I am sorry, I do not think I have that one. CHUM? There is CJRQ and CBC and—

**Ms Jackson:** If you go up, the page behind CJRQ should be a note that has a number 9 in the left and "Brian" on the right.

**Mrs Dodds:** Oh, I am sorry. Okay, thanks. I did not recognize the—okay, it says "CHUM" there.

**Ms Jackson:** In the middle of the page there are four lines that appear to be next to your initials. It appears that these are remarks made by you, and they are as follows: "On Saturday, her assistant called and in a very, sort of, intimidating, authoritative voice, said, 'I am asking you not to repeat what Ms Martel said.' And I told her that what she said was what she said. And I could repeat to anybody I chose." First of all, is this a quote of something that you said on CHUM?

**Mrs Dodds:** Yes, except they left the word "it" out; "and I could repeat it to anybody I chose."

**Ms Jackson:** Now you say there that her assistant spoke in an intimidating and authoritative voice. Are you there speaking of the conversation you told us about earlier on Saturday with either MaryLou or MaryAnn?

**Mrs Dodds:** Yes.

**Ms Jackson:** What was it about her voice that caused you to characterize it as intimidating and authoritative?

**Mrs Dodds:** It was a very haughty, sort of lofty tone: "I am telling you to do this." I did not like it.

**Ms Jackson:** Anything else?

**Mrs Dodds:** No.

**Ms Jackson:** It is fair that you did not much like anything about the way that Ms Martel and her colleagues handled this, I take it?

**Mrs Dodds:** An extremely distasteful episode.

**Ms Jackson:** And then can I ask you, lastly, to turn to the interview on CBC Sudbury, apparently between yourself and someone named Reid. Is that an interview that you in fact gave on that date on CBC Sudbury?

**Mrs Dodds:** Yes. I was in the Thunder Bay studio for that interview, I think.

**Ms Jackson:** Then can you turn to page 4 of that interview and—

**Mrs Dodds:** Yes, I was in the studio for that one.

**Ms Jackson:** When I say page 4, I am looking at the bold-faced numbers, which are sort of the second set of telefax numbers on the page. The page I am looking at, in fact, has got another reference, which is page 3. If you look at the page, it says, "Morning North" and, on the right, "Page 3."

**Mrs Dodds:** Okay, yes.

**Ms Jackson:** Have you got that page?

**Mrs Dodds:** Yes.

**Ms Jackson:** In the middle of that page, you are quoted as saying the following, and this is apparently in respect of the conversation on Sunday with Ms Martel: "How can you accept or reject an apology when someone said, 'I lied. What I told you was untrue'? I mean, you can't. It's done." And you carry on.

Now this afternoon, when you told us about this conversation, you certainly indicated Ms Martel said that her words were untrue, but you did not use the word—you did not say that she used the word "lie" or "lied."

**Mrs Dodds:** Excuse me, I think I am on the wrong page. I do not see that sentence that you are referring to.

**Ms Jackson:** I am looking at the page that—if you look at the page that has "Page 3" written out just above the type of the transcript.

**Mrs Dodds:** Yes, I see that.

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**Ms Jackson:** It starts with the remarks, "Reid: Do you think there is the possibility..." Do you see that?

**Mrs Dodds:** No. Oh, that one says three as well. Okay. "Do you think there is the possibility...could possibly be written off as just cocktail..." Okay, I have it now, thank you.

**Ms Jackson:** In the middle of that page there is a quote apparently from you. You are talking here of the conversation with Ms Martel.

**Mrs Dodds:** This is a radio interview. I do not think the transcriber should have felt free to put quotation marks in there, because it is impossible to tell from the spoken word unless someone specifically says "quote, unquote," what is a quote. I was describing it. What do you do when someone says "I lied"? I did not say "quote, unquote."

**Ms Jackson:** You earlier told us that Ms Martel used the word "untrue."

**Mrs Dodds:** "Untrue."

**Ms Jackson:** You, in your mind, said, "She is saying she lied."

**Mrs Dodds:** That is right. To me those two are the same.

**Ms Jackson:** But did she use the word she "lied"?

**Mrs Dodds:** No. She used the word "untruth."

**Ms Jackson:** Thank you, Mrs Dodds. Those are my questions.

**The Chair:** Thank you very much, Ms Jackson. We are now going to start the rotation of questioning. To keep



in line with respect to previous questions, the first series of questions will be asked by the official opposition. We will try to keep this to approximately 30 minutes.

**Mr Conway:** I want to begin my questions by asking you a little bit about your clinic, just generally speaking. You have been at the clinic now for I think you said something over a year.

**Mrs Dodds:** Yes. I started in September 1990.

**Mr Conway:** Your responsibilities at the clinic are?

**Mrs Dodds:** I am the manager of the clinic, responsible for its financial affairs, its staffing, security and whatever else.

**Mr Conway:** In that sense, then, I think you are a very helpful witness to the committee at another level entirely and that has to do with helping us understand how it is that information around billings in the ordinary scheme of things makes its way back and forth from, say, a clinic like yours to OHIP and vice versa. Can you just quickly describe how that would work in a clinic like yours?

**Mrs Dodds:** I do not know if all clinics are the same, but I know a substantial number operate the same way that ours does, and I know that a lot of clinics use exactly the same software that we do.

The doctors complete bill slips for office appointments or they complete a sheet when they are in the hospitals performing surgery or in the fracture clinics or out of town in the remote communities or in emergency when they are on call and they are called in to attend to someone in the emergency department of a hospital. There is a bill slip they complete. They bring it back into our clinic and I have staff members who are trained in inputting the data into the computer system. The data have to be tied to the patient's name, date of birth and health insurance number. The code is inputted for the procedure the doctor carried out and the date of the visit. On our system, at night, that all backs up and posts, and then however often you want to do it, you tell the computer you are producing a bill disc which is formatted exactly the way OHIP instructs you to. The discs are delivered to the local OHIP office, they are put into the OHIP computer and once a month a cheque is forwarded with a computer printout of what has been rejected and what has been paid.

**Mr Conway:** So in that transaction, essentially it is the clerical staff, broadly described, at your clinic who would gather together that data. Once it is gathered and inputted at the clinic, it really then simply goes to OHIP and vice versa. That transaction is that direct. When I talk about clerical, I am talking about non-medical people who gather the information together, collate it in some kind of systematic way, ship it off to OHIP and then once a month or whenever, it comes back.

**Mrs Dodds:** The staff interpret the doctor's writing to determine what procedure was done and they input the proper code into the computer for that patient. The doctor does not see what goes in for him. As a matter of fact, we have great difficulty reconciling our batch input to what comes back from OHIP. There are a great many errors in the OHIP data bank that do not match the information that

patients are giving us. There are sometimes fees submitted which are rejected by OHIP's computer and we do not know why. There is a code given next to it, but each one has to be returned. Some months the list of rejections is a stack of computer printouts that thick.

There can be errors in the inputting by my own staff where they might have inputted the wrong patient's name or they might have had the wrong birthdate or they might have erroneously entered something twice. If they have done half of their work in the morning and they leave and come back, they might accidentally put it in twice. Or the patient might have seen more than one doctor the same day, but OHIP's computer does not think that is all right, so it does not allow it. The doctor has no idea. He gets his cheque once a month that my staff go through, calculate and prepare. He just says, "Thank you very much," and that is it.

**Mr Conway:** That was—actually you anticipate the point for this series of questions, that typically if I were to take the physicians in your clinic—no other clinic, just your clinic, on the basis of your experience—it probably would not be unusual to find out that most of the doctors had a very poor understanding of the specifics of their profiles.

**Mrs Dodds:** Oh, they are not one bit interested. Just this past week I had to contact the personal accountant of one of the physicians I work for because he needed to know how much he made last year to put on an insurance form and he had no idea.

**Mr Conway:** He would not, to the best of your knowledge, be unusual in that?

**Mrs Dodds:** Oh no, doctors are famous for that. Clinic managers' conferences are sometimes quite humorous because we swap stories about these guys.

**Mr Conway:** It becomes important for this inquiry to understand what doctors, let us say, might reasonably know about their billing profiles, since of course this inquiry is seized of a situation where it is being alleged that people outside the medical and OHIP community appeared to have a pretty good idea of what certain doctors' situations were.

**Mrs Dodds:** The billing system is so complicated that you do need, under ideal circumstances, a highly sophisticated computer system to sort the data for you. There is a wide variety of programs available. There are people who do not use a computer system at all, who fill out cards by hand for every patient contact, and there are many kinds of computer programs.

Now we have—six months ago I converted our office to a new computer system which we discovered only two months ago could give us a wonderful report for each of our physicians called a production report. Not all computer systems have this. I did not even know for the first six months that we had this program that we could do it to. But there is an interesting piece of information the doctors now are able to get, where it tells them exactly how many contacts of each type, how many diagnoses of each type they have made in the billing period.

They are finding it interesting. As a matter of fact, some of the physicians in my clinic have said that it is



assisting them in their practice, that if they have slipped into a certain kind of diagnosis too many times then they have to stop and think, "Maybe I'm not thinking enough as these patients come." It is very helpful to them. But you do not always get that, and we did not get it until just a few months ago.

**Mr Conway:** I appreciate that just as general background information. Now I would like to come back to the specifics—

**Mrs Dodds:** Oh, and if I could just add another point that might even put more character to all of this, they often forget to hand in their slips. One of the problems I have as a manager is trying to track everything they are doing and referencing it back to the billing that is actually accomplished on their behalf, because we will sometimes find that when one of them has a suit cleaned he finds a pocket full of bill slips from two months ago that he forgot to hand in.

**Mr Conway:** Ms Dodds, again I just want to quickly ask you to refresh my memory. You have been in public life in Thunder Bay for how many years now?

**Mrs Dodds:** I was first elected to the board of education in—I was there six years and that term ended just this past November 1991, so it would have been 1985.

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**Mr Conway:** So you, in the course of your public life in Thunder Bay, would have had the opportunity to have had discussions such as the opportunity for discussion at the Airline at the night of December 5 with cabinet ministers before?

**Mrs Dodds:** Oh my goodness, yes. Many.

**Mr Conway:** So you were not a person unknown to these kinds of encounters. You had had several of these kinds of discussions.

**Mrs Dodds:** I believe I had one with you one year at the same hotel.

**Mr Conway:** I want to help, then—I want to try to focus in on the discussion that did take place, particularly in light of your letter, exhibit 39. You have given quite a detailed and quite an animated picture of what happened at the encounter with Miss Martel. Can you just tell me how long in time that conversation was? The circle—was it five minutes, was it 10?

**Mrs Dodds:** It could not have been more than five minutes from beginning to end.

**Mr Conway:** So if all that you have told us transcribed happened in five or 10 minutes, it must have been quite a fast-paced discussion?

**Mrs Dodds:** It was difficult to complete a sentence. Miss Martel was breaking in and it leaped rather rapidly, yes.

**Mr Conway:** I will not take you through the testimony that the committee counsel elicited as to the sequencing of events, but I gather that, as you have just indicated, it was moving quite rapidly and at a certain point Ms Martel, and I forget the words you used, shot very directly the comments that are really the core of your testimony. She now alleges that she made that up, that what she said had no

foundation, no basis in fact and it was untrue. What is your response, particularly given the context of the conversation? Because the impression I get is that you were engaged in an extremely heated, rapid-fire conversation and that the participants scarcely came up for air.

**Mrs Dodds:** It was rapid. I would say intense rather than "heated." "Heated" implies personal insults and shouting, and there was none of that. It was an intense exchange of conflicting views, would be an accurate way.

**Mr Conway:** Was there any lengthy pause on the part of Ms Martel before she cast the famous words about—

**Mrs Dodds:** No, there was no pause at all. It was thrown into the middle of the opinions that were being said.

**Mr Conway:** And the comments about the doctor in question were offered with not a lowering in the intensity of her—

**Mrs Dodds:** No.

**Mr Conway:** And there was no pause? She seemed to do this just in stride?

**Mrs Dodds:** Yes.

**Mr Conway:** And what she said fitted in, I gather, with her earlier comments about doctors in general?

**Mrs Dodds:** Yes, I think her comments were indicative of a contempt that she feels for physicians in general. I found it to be chilling.

**Mr Conway:** But my specific concern is—and you were there; I was not—

**Mrs Dodds:** I wish you had been.

**Mr Conway:** —the Legislature has been told, and you were told by letter on December 8, exhibit 39, that what was said was said "entirely without foundation." In the legislative debate that ensued a few days later it was said repeatedly that it was just made up.

**Mrs Dodds:** Are you asking me my opinion of that?

**Mr Conway:** Yes, I would ask you to just give the committee some response to those statements by the minister in light of the conversation that you had with her.

**Mrs Dodds:** My sense is that it was not made up and that it was something she knew that she was pulling out to win the argument.

**Mr Conway:** The sequencing of events that I want to proceed with is that you left—what time did you leave the Airline that night?

**Mrs Dodds:** I was at the airport by 7; my flight was at 7:25.

**Mr Conway:** So you are in Toronto, then, the next morning. At this conference at some point, when you get to that microphone—did you have a direct exchange with either Dr MacMillan or Mr Decter?

**Mrs Dodds:** Not with Mr Decter, but with Dr MacMillan. I have been at seminars and conferences before at which I have exchanged views with Dr MacMillan, and so I began by telling him that, for a change, he was doing something I agreed with, which was the freedom of information act. But then I repeated what Miss Martel had done the night before and I asked him to explain to me just how



it was that a minister would have private information on a physician. Was his act going to protect the rights of physicians?

**Mr Conway:** What time of the day Friday are you engaged in this public discussion with Dr MacMillan?

**Mrs Dodds:** Somewhere between 11 and 11:30.

**Mr Conway:** So it is before noon on Friday, December 6, and you are discussing this—we have the transcript. I think that is exhibit 17—

**Ms Jackson:** I am unable to tell you as—

**Mr Conway:** Well, I believe, anyway, we have a transcript of the conversation that—I think it is the conversation between yourself and Dr MacMillan. Mr Decter is also in the room at this point.

**Mrs Dodds:** He was sitting at the head table.

**Mr Conway:** So by noon on Friday, December 6, roughly 12 hours after the incident occurred in Thunder Bay, both the executive director of OHIP, Dr Robert MacMillan, and Mr Michael Decter, the Deputy Minister of Health, are made very aware of what happened in Thunder Bay—at least your version of what happened at Thunder Bay.

**Mrs Dodds:** Yes.

**Mr Conway:** And your concerns around the, perhaps, want of confidentiality in these matters.

**Mrs Dodds:** That is correct.

**Mr Conway:** Approximately 12 to 14 hours later, by early or mid-Saturday afternoon, MaryLou, from Ms Martel's office, calls you at home in Thunder Bay to tell you what exactly again?

**Mrs Dodds:** Not to repeat what Miss Martel had said on Thursday night.

**Mr Conway:** And that Ms Martel would be in touch with you presently.

**Mrs Dodds:** Yes.

**Mr Conway:** And that, I repeat, is at some point 12 to 14 hours after we know you told the Deputy Minister of Health and Dr MacMillan at OHIP of your upset and concern about what the minister had done in Thunder Bay.

**Mrs Dodds:** In a room with 300 people.

**Mr Conway:** They know by midday Friday. By mid-noon Saturday, December 7 a staffer to the Minister of Northern Development is on the phone to you telling you not to repeat the conversation, and by midday Sunday, approximately at 2 pm, Ms Martel phones you and seems to be quite specific.

**Mrs Dodds:** Yes, she was.

**Mr Conway:** Did you have a feeling that she was almost reading from a prepared text?

**Mrs Dodds:** The thought did cross my mind that she had sought some sort of advice and she was specifically listing those items which were, in her words, untrue.

**Mr Conway:** The reason I asked the question, I say to you and to the committee, is that you said in your earlier response to committee counsel that by 2 o'clock approximately on the afternoon of Sunday, December 8—is that

the right date?—the minister has called you to apologize. She has said again that what she said was untrue.

**Mrs Dodds:** Yes, and then she said, "I have not seen that physician's file and he is not going to be charged."

**Mr Conway:** Did she use the words "that what I said was without foundation in fact"?

**Mrs Dodds:** That is right.

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**Mr Conway:** I am interested in this because of course there appears to have been a very clear, firm and rather narrow version from the minister that is repeated then many, many times from December 9 or 10 through until the adjournment of the Legislature before Christmas.

There seems to be quite a similarity in language between what the minister is saying to you on the afternoon of Sunday, December 8, and what appears obviously in her letter of that same day, though you received it by fax, I presume, when you went to work the following Monday.

**Mrs Dodds:** On Monday. I cannot comment on that because I occasionally see the news from Toronto but not all the time.

**Mr Conway:** I have no further questions.

**The Chair:** Thank you very much, Mr Conway. Mr Miclash.

**Mr Miclash:** Mrs Dodds, you indicated that you have some grave concerns about this whole incident around the attraction of health care professionals to the northern region of the province. Could you maybe just expand a little bit on that?

**Mrs Dodds:** I have only, as I mentioned to you, become aware in the last year of the problems that we have with health care in the north. We have great difficulty attracting specialists and we have great difficulty keeping them when we get them.

Our own clinic lost an orthopaedic surgeon about nine months ago, for instance, and we have so far been unsuccessful in replacing him. We have three hospitals that have to be covered on call by orthopaedic surgeons. Their schedules are brutal. I would not want to work the hours that these fellows have to work, and yet they have no choice because all three hospitals have to be covered and, in my opinion, we have a shortage of specialists in the north.

They also go out and do about 25 clinics in smaller towns. I believe Kenora is one of them. They do this because patients need it but also because it makes more sense for a doctor to travel to a small community and to see 25 or 30 patients in a day as opposed to having the government pay those 25 or 30 people to come into Thunder Bay for two or three days to have their appointments.

There have been so many changes in the OHIP system in the last year that as a manager I have felt for the past year that I have just been leaping from one issue to the next. First it was the amalgamation of the Workers' Compensation Board billings in with our own discs, which caused all kinds of procedural hassles until we had that one tied down. Then came the health numbers, which was a badly botched exercise. The data bank of OHIP was not as accurate as it should be so there were all kinds of rejections of billings

that were because of incorrect data banks. We had to sort that out.

Then we had the Independent Health Facilities Act, which meant that we had a huge procedure to go through because of our little tiny X-ray unit. Now we have had to set up a whole separate billing system for our X-ray charges—we can no longer bill those the same way we did the other—and now the capping. Of course my clinic also is a physiotherapy clinic, which was billing one way that is permitted under OHIP, but with the capping applied retroactively, it cost my clinic \$100,000 by surprise and we have had to shut it down.

**Mr Miclash:** Getting back to the actual incident and how things unfolded right from that evening that you met the minister in Thunder Bay and going through the various media reports, and we have a good number of them in front of us, and the attention that this entire incident has received across the province, in your position, do you feel that is going to have any effect on attracting such professionals as you are speaking of, such professionals who are needed, to the north?

**Mrs Dodds:** We have been having difficulty attracting specialists all along, as you know. I do not know how this incident—I am sorry, I thought I heard a cat or something.

Interjections.

**The Chair:** Mrs Dodds, you can carry on.

**Mr Kormos:** Well, it was distracting. I heard it too.

**Mrs Dodds:** I do not know how this incident will impact on them specifically. I do know that I am hearing every day of more and more doctors who are preparing to leave. They feel that practising in the north is a little harder than practising anywhere else in the first place. They do not have the same degree of sophisticated equipment available for their use as they would have in bigger centres. They are far away from other people whom they can con-

sult with on difficult cases. Now they feel that they are being treated as a low-level civil servant by the government, and I hear nothing else in medical circles but talk of, "Have you heard how in Texas they need such and such or in Arizona they need such and such?"

The really curious thing is that not one of them expects to make any more money in the States, but they know that they will be the ones deciding what they are going to do with their patients. We even have something ridiculous up there called "quotas" on certain kinds of operations. If a doctor is permitted to perform only 10 of a certain kind of operation, you had better hope you are not the 11th one to walk in who needs it before the end of the year.

For a specialist in the north to reach the gross cap and to then have the penalty applied, that specialist would have to work about 70 hours a week in several locations and probably restrict his vacation time to three, no more than four, weeks a year, which is substantially less than even our mill workers in Thunder Bay receive as vacation. Doctors, of course, are not paid for their vacations; mill workers are.

Now with the cap being applied, I predict to you that when we reach the last six weeks of a fiscal year you are going to find that there are several key specialties that are not represented at all. They are not going to be there. Why should they?

**Mr Miclash:** Good. I thank you for that information. Thank you, Mr Chair.

**The Chair:** Thank you very much, Mr Miclash, and thank you very much, Mrs Dodds. As we are so close to 5 o'clock this afternoon, we will adjourn this session. We will resume tomorrow at 10 o'clock so that further questions can be posed of you, Mrs Dodds, from both the third party and government caucus members.

I remind all members of the subcommittee that we are having a meeting at 5 o'clock today.

The committee adjourned at 1657.



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C112-001  
Xc-20  
-L79

Government  
Publishing



M-30 1991/92

M-30 1991/92

ISSN 1180-436X

## Legislative Assembly of Ontario

First Intercession, 35th Parliament

## Official Report of Debates (Hansard)

Tuesday 18 February 1992

Standing committee on  
the Legislative Assembly

Inquiry re  
Ministry of Health  
information

## Assemblée législative de l'Ontario

Première intersession, 35<sup>e</sup> législature

## Journal des débats (Hansard)

Le mardi 18 février 1992

Comité permanent de  
l'Assemblée législative

Enquête concernant  
certains renseignements  
du ministère de la Santé



Chair: Steven Offer  
Clerk: Douglas Arnott

Président : Steven Offer  
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Published by the Legislative Assembly of Ontario  
Editor of Debates: Don Cameron



Publié par l'Assemblée législative de l'Ontario  
Éditeur des débats : Don Cameron

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# LEGISLATIVE ASSEMBLY OF ONTARIO

## STANDING COMMITTEE ON THE LEGISLATIVE ASSEMBLY

Tuesday 18 February 1992

The committee met at 1011 in room 151.

### INQUIRY RE MINISTRY OF HEALTH INFORMATION EVELYN DODDS

**The Chair:** Good morning. I would like to call the standing committee on the Legislative Assembly to order. At the end of yesterday's proceedings, Mrs Dodds had just completed a series of questions and answers with the official opposition. Mrs Dodds, I would invite you back to the table. Good morning.

**Mrs Dodds:** Good morning.

**The Chair:** We will resume the rotation of questioning from the members of the third party. I remind members that the time period given in yesterday's hearing was approximately 30 minutes. Prior to commencing with questions, I would like to remind you, Mrs Dodds, of the warning given with respect to the divulging of any confidential information, that in the event that a response cannot be given without divulging confidential information, we, pursuant to our terms of reference, can adjourn to an in camera proceeding, where that information may then be given.

Second—yes, Mrs Dodds?

**Mrs Dodds:** Could I ask you, if something is asked to me of the clinic that I work for and if I know that my bosses would not object to it being made public, does that still qualify as something that has to go in camera, or is that up to the people concerned?

**The Chair:** With the committee's indulgence—

**Ms Jackson:** If someone has consented, Mrs Dodds, to the release of personal information concerning themselves, then there is no difficulty in releasing that personal information. So as long as you are confident that you have a specific consent that would cover the information in question, then there is no difficulty that I can perceive in your giving that evidence in public.

**Mrs Dodds:** Thank you.

**The Chair:** I hope that that helps you, Mrs Dodds.

**Mrs Dodds:** Yes, thank you.

**The Chair:** The second point that I would remind you of is the oath that was administered yesterday prior to your questioning and answers.

Last, for the attention of committee members and for those in attendance, as many members will recognize, parts of these proceedings have been held in camera. Transcripts have been taken of those proceedings, together with exhibits given at that particular point in time. It has been the desire of the subcommittee that as much of that particular information as does not breach confidentiality be permitted for viewing by the public.

We have accordingly asked counsel to review the transcripts of testimony given in the in camera proceeding

together with any exhibits provided, and to delete information of a confidential nature. That has been done, and we are currently in the process of making copies of the transcripts taken of in camera proceedings, with deletions, together with any exhibits. They will be available for the public, I have been informed by the clerk, probably around the 10:30 or 11 o'clock mark. For members of the committee, it will be necessary, when those are available, to be marked as exhibits to these hearings, and so will be done when they are available for public distribution, again probably in the 10:30 to 11 o'clock area.

Having said those initial opening comments, I would like to now invite members of the third party to engage in questioning. Mr Eves.

**Mr Eves:** Thank you, Mr Chairman. Ms Dodds, I want to go back to the conference that you attended. I believe it was on Friday, December 6. Would you please repeat what Mr Decter said at the conference?

**Mrs Dodds:** He was late because of the storm, and he had to return from Sudbury, so his first comments all had to do with his difficulty of travelling. Then there was a reference to how hard on him the group had been the night before. I am sorry; I do not recall his exact words. He was joking about how they had given him a difficult time and attacked him, and then he made some reference to—he said something that started, "For what we pay these doctors, they should"—I am sure he intended it to be funny, but I did not find it funny. I did not even hear the last part of his sentence, because that is when I decided I was going to do something.

**Mr Eves:** What was Dr MacMillan's reaction at the conference when you confronted him with the situation that you had encountered the previous evening?

**Mrs Dodds:** He seemed immediately defensive and angry that I had raised it and said that I had to be wrong, that no one in his department could possibly have released any information to a minister. I said, "Well, this is what she said," and I repeated it. He went on at some length about the existing protection for physicians under law with respect to confidentiality, because my question had been phrased as, "What do you intend to put in the freedom of information act to protect physicians' confidentiality?"

**Mr Eves:** When Ms Martel phoned you—I believe it was on Sunday, December 8—did she indicate where she was telephoning from?

**Mrs Dodds:** Not that I recall.

**Mr Eves:** So you had no idea whether she was in Sudbury, Toronto, or where she was?

**Mrs Dodds:** No, I do not remember any comment to that effect.

**Mr Eves:** You indicated, I believe, that she was apologizing for her remarks of Thursday evening. Did she indicate that she was sending you a letter of apology as well?

**Mrs Dodds:** Yes, she did. That is why she asked me for my fax machine number.

**Mr Eves:** I see. Did she say why it took her from Thursday evening to Sunday morning to contact you?

**Mrs Dodds:** No, she did not.

**Mr Eves:** Did her assistant—I believe you recall her name as being MaryLou or perhaps MaryAnn—

**Mrs Dodds:** Yes.

**Mr Eves:** Did she indicate that she had tried to reach you on Friday?

**Mrs Dodds:** No, she did not.

**Mr Eves:** Would not the normal thing, if an individual realized on Friday morning that they had made a mistake, and in fact had made a statement that was not based on fact and untrue, would not their natural reaction be to apologize immediately, the next day?

**Mr Kormos:** One moment, one moment. You know, Chair, this is not the first time this kind of question has been posed, not just to Mrs Dodds but to the last—over the last week.

**Mr Elston:** Point of order.

**Mr Kormos:** I've got the point of order.

**The Chair:** Excuse me. Excuse me, please. I imagine that Mr Kormos is rising on a point of order, making a point of order.

**Mr Kormos:** Yes.

**The Chair:** Mr Kormos, your point, please.

**Mr Kormos:** For over a week, various people who have appeared in front of this committee have been asked things which seem to me to be well beyond the scope of, one, their ability to answer in a meaningful way to this committee. Now, I am not sceptical about the motive for the questions, but for Ms Dodds to be asked what a normal person would do under those circumstances—well, no disrespect to Ms Dodds, but it seems to me she might be asked what she would have done under those circumstances. But for Pete's sake, Mr Chair, if I may use that phrase, to ask this person to express that kind of opinion seems to do nothing, seems to not add to the function of this committee. And if it were only the first time that that had been put to a witness or a participant, I would say: "Okay. A mere error in judgement on the part of the person asking the question." But I am suspicious here, if one dares to be suspicious in this context, that the—

**Mr Owens:** In a factual way.

**Mr Kormos:** Yes.

**Mr Elston:** It's his natural way.

**Mr Woods:** Mr Chairman.

**The Chair:** Order, order.

**Mr Woods:** Mr Chair.

**The Chair:** Excuse me, Mr Woods. Mr Kormos has raised a point, and I believe it is appropriate that all members of the committee hear Mr Kormos's point, and I would

remind all members that interruptions, interjections, certainly in the questions and in the answers of any particular witness, and indeed during any points of order, are something which I would hope all members keep in mind as being totally inappropriate and out of order. Mr Kormos.

**Mr Kormos:** Hope springs eternal.

**Mr Harnick:** Give me a break. "Springing eternal."

**Mr Kormos:** I am telling you, Chair, that it seems to me that for participants on this committee to be posing those types of questions is designed to do nothing more than elicit commentary which is irrelevant; in the words of Mr Harnick—I know we heard him once or twice from a judge—lacking probative value and beyond the scope of the particular participant. Ms Dodds may be more than eager to want to answer that question for her own reasons, which are not particularly surreptitious—

1020

**Mr Elston:** What do you mean by that?

**The Chair:** Order.

**Mr Elston:** What was meant by that?

**The Chair:** Order. Mr Kormos, you have the floor. I would ask you if you could make the point as rapidly as possible so that we can proceed.

Interjection.

**Mr Wood:** You could be a little more polite.

**The Chair:** Excuse me. Mr Elston and Mr Wood, please.

**Mr Kormos:** I am telling you, Mr Chair, I see it as your responsibility to ensure that questions which are not probative and which are beyond the scope of a witness or a participant are not put, and if they are put, that the Chair intervene to say no. Surely she can be asked what she would have done under the circumstances, but to be asked what normal people might do is bizarre, to say the least.

**Mr Owens:** To that point, I was concerned that in your opening remarks you did not raise the counsel we had received yesterday when I raised a point of order on this very issue of speculation and rumour. As Mr Kormos indicates, I think it is your responsibility, Mr Chair, to ensure, while these are not proceedings within a courtroom, that there are certain standards of conduct and decorum that we should be certainly looking at observing in order to give this process the fairest shot possible. I am afraid that in some instances that fairness has been clearly lacking.

**Mr Elston:** I regret very much that I may have intervened after Mr Kormos jumped on the current witness, but I find it very unfair that he should be trying his usual tactics which would be raised in a courtroom to take a witness from her train of thought. I think his one comment that this witness may be willing to answer for her own purposes was particularly a low shot and it makes people think that Ms Dodds had some motive for being here other than getting to the truth of this situation, which in fact is not a very becoming statement for a member of the Legislative Assembly to deal with in this forum.

I find that offensive. I find that his allegation against this witness is such that he should be asked to withdraw



that inference, that reference to Ms Dodds having another agenda. I particularly am upset that these particular members of the government party, having read the newspapers this morning and listened to the testimony yesterday, have shown up this morning in a particularly testy mood and have designed for themselves a strategy to take the witnesses away from their testimony.

Interjections.

**The Chair:** Order please.

**Mr Elston:** I find it particularly appalling that they should be in an unhappy state this morning. I would welcome them to join in listening to the witness and allowing her to put her material in front of us so that we can weigh her material along with all the other evidence we are about to hear.

**Mr Eves:** On that same point and the point Mr Elston just made, Mr Kormos's remark that Ms Dodds may want to answer this question for her own reasons is certainly imputing motive to a witness and is certainly conduct unbecoming, I think, a member of any legislative committee. It may surprise you, Mr Kormos, to know that some of us here are actually here to find out the truth.

Interjections.

**The Chair:** Order.

**Mr Eves:** Some people actually answer questions truthfully.

Interjections.

**Mr Eves:** No. You should go get your marching orders.

**The Chair:** Order please. Mr Eves, have you completed your response to this point?

**Mr Eves:** Yes, I have completed my response to this point.

**The Chair:** Mr Hope, did you wish to respond to this point?

**Mr Hope:** Yes, on this same point, for the simple fact of some of the allegations that have been thrown across about this side. Some of us are reading newspaper columns, but they are before December 5. We are trying to get some newspaper issues in front. As for Mr Elston's comments about reading this morning's paper, I do not think a lot of us have read it.

Interjections.

**The Chair:** Order.

**Mr Hope:** It was amazing, when both of them are making comments and gestures saying we have to listen to the facts in order to make a judgement, that prejudgement, which we have been hearing throughout this hearing by the opposition, even in the media and in this committee hearing, in the questioning that has been the route, the roads that are being drawn for the people who are being asked the questions. It is more like the speeches that have been given for a yes or no answer, with all the dialogue that has been involved in it. I find it kind of funny that the members opposite are saying such gestures.

I think it is important that we deal with the facts of this and making sure that we can base it on that. I am having a hard time understanding how they can still judge facts

when they have already made their decision on this whole issue. I question how much longer we are going to continue with the allegations that are made by the opposition with this whole case and then start to have an open mind in trying to decipher what is true, what is fact, what is fiction and what is self-motivated. I think that is one of the important things we have to look at through this committee hearing.

**The Chair:** Mr Hope, I have listened to all of the comments on Mr Kormos's point of order and it is clear that certainly the witnesses can be asked questions of this nature. I think it is important for all members to recognize that it may not have any significant evidentiary value and whether it is an appropriate use of the time given to them in questioning witnesses. But certainly, recognizing the roles and the responsibilities of each of the members of this committee, they certainly can ask questions of this nature and kind, keeping in mind that it might not have any significant impact and might not be the most appropriate way in which they would be able to use their time. But it is within their role and responsibility as members of this committee to ask questions of that kind.

Having said that, Mr Eves.

**Mr Eves:** Let me rephrase the question another way. Mrs Dodds, did you find it unusual that it took Ms Martel three days to apologize for her conduct on the evening of Thursday, December 5, I believe it was?

**Mrs Dodds:** I was surprised that she phoned me in reference to the conversation at all. If you will recall, I told you that I was under the very clear impression that evening that she was certain of what she was saying. I would not have expected her to retract something that seemed to be what she really meant at the time.

**Mr Eves:** Thank you. No further questions.

**The Chair:** Thank you very much, Mr Eves. Mr Harnick.

**Mr Harnick:** Mrs Dodds, I would like to take you back to the reception where this incident with Ms Martel occurred. You have told us what was said. In addition to those comments that you have put on the record up to now, did Ms Martel ever refer to the manner in which Dr Donahue carried on his medical practice?

**Mrs Dodds:** His name was not mentioned in the conversation. The reference to him was as the doctor in Sudbury who had laid off 14 people and, no, there was no specific reference to his billing practices.

**Mr Harnick:** No, I am not talking about his billing practice, just his practice in general.

**Mrs Dodds:** The comment that she made about doctors seeing patients on an assembly line I think was a generic comment. I do not think it was referring specifically to the Sudbury doctor.

**Mr Harnick:** Did she ever indicate in the course of her conversation with you that the doctor's conduct was unacceptable?

**Mrs Dodds:** Oh, yes; she used the word "criminal."

**Mr Harnick:** Did she ever use the word "unacceptable"?



**Mrs Dodds:** No.

**The Chair:** Does that conclude your questions, Mr Harnick?

**Mr Harnick:** Yes.

**The Chair:** Thank you very much. We will now move to members of the government party.

**Mr Christopherson:** Could I ask you to take me back through the sequence, please, of what happened the morning of the conference that you were attending, I believe, on behalf of your employer? You were at the conference and Mr Decter had made some comments similar—at least about the same issue, about a doctor. Just walk me through that and sort of what happened the balance of that day, if you could, please.

**Mrs Dodds:** He began by apologizing for being late because of the storm. He had been returning from Sudbury and he then made a whole series of comments that I think he considered humorous, about how he had been treated by the gathering the night before in Sudbury, and then, as part of this light-hearted banter, I guess he thought it was, he started a sentence by saying, "For what we pay doctors they should"—and the attitude was so disrespectful that I did not even hear the rest of the sentence. That is when I startled the people at my table, who did not know me, by banging my hand down and saying: "That's enough. Save my place, I'm coming back," and I went to my room.

1030

**Mr Christopherson:** And what happened when you got to your room?

**Mrs Dodds:** I think phoned the office of Mike Harris, was unable to reach him there, called his constituency office, was informed that he was at a funeral and was unavailable for quite a few hours, called his office again and asked where I could reach Dianne Cunningham, reached her in London, spoke with her at some length about what had happened and decided that I would make the incident public. I decided that. And I phoned my boss, Dr John Porter, to ask his permission. Then he said he would check with the partners and call me back. In between I called my husband to inform him of what was going on and to chat; he is my comfort. And then Dr Porter called me back and told me that the partners had said, "Go ahead." I then went back downstairs, walked up to the microphone which had just been vacated by a previous questioner, and very shortly thereafter posed the question which you have transcribed for you.

**Mr Christopherson:** Thank you. How long a time period are we talking from when you first left the conference room to when you returned?

**Mrs Dodds:** I have a very poor sense of the passage of time, so I cannot be certain. The conference was supposed to start at 9. There was a breakfast at 8, so people were just milling about. It was late getting going because they were waiting to see if the people who were not there yet were going to show up. There were a couple of people who spoke briefly before Mr Decter, and I was back down shortly after 11. I do not think I was in my room more than

an hour. I had to wait about 20 minutes or so, I would think, for Dr Porter to call me back.

**Mr Christopherson:** So maybe about an hour, but give or take?

**Mrs Dodds:** No more than an hour.

**Mr Christopherson:** Roughly an hour?

**Mrs Dodds:** Yes.

**Mr Christopherson:** One, two, three, four, five—six calls that I can see, then there must have been a number of calls made by Dr Porter to try to reach some of the partners.

**Mrs Dodds:** Mm-hmm.

**Mr Christopherson:** I am going from my memory now in quoting the testimony in front of me, but I think there were four others that he reached, or three others that he reached and he made four.

**Mrs Dodds:** Mm-hmm.

**Mr Christopherson:** Is that right?

**Mrs Dodds:** I am trying to remember what he said to me. There was one that he could not vouch for. He had not been able to reach him and he was not sure how he would react. It turned out he was fully supportive. One of them, one of the partners, is the chief physiotherapist at the clinic. He would have been able to reach him instantly. We have a paging system that whenever he does call in, his name is used and the therapists pick up the phone immediately. The next partner is an emergency room physician and he is usually right near a phone, he is right in emergency, he is not a surgeon. And the third partner is Dr Porter's brother, Dr Gord Porter, and he told me that he was certain that Gord would back us, and of course I know Gord well and he did. And the fifth partner, as it turned out, was also fully supportive, but we were not sure.

**Mr Christopherson:** Okay. So that is nine, 10 calls maybe, roughly?

**Mrs Dodds:** By me?

**Mr Christopherson:** No, no, just in total, in that hour, about nine calls?

**Mrs Dodds:** By me? Is that your question? I have to—

**Mr Christopherson:** By you and by Dr Porter combined, around this issue.

**Mrs Dodds:** Well, he would have made two and I made—

**Mr Christopherson:** Okay, that makes eight then, because you made six.

**Mrs Dodds:** Yes, yes.

**Mr Christopherson:** Okay. During all of that, was there any attempt to determine who the individual physician was and perhaps talk to him about how he felt about having this matter publicized any further?

**Mrs Dodds:** No. It already, to our minds, was public. When a minister was telling it to total strangers, to our mind it was not any longer a confidential matter. But Dr Porter did say that he would try early in the week to reach the Sudbury physicians. I do not think he told me that he was going to call that particular physician. I think he said



he was going to try to reach the Sudbury OMA to find out what was going on.

**Mr Christopherson:** Did you ask Dr Porter in the morning—

**Mrs Dodds:** What morning? That morning, or the—

**Mr Christopherson:** I am sorry, the morning of the conference. It would have been after you had spoken to Ms Cunningham. Did you ask him if he had been able to determine who the doctor in question was?

**Mrs Dodds:** I do not think I asked him.

**Mr Christopherson:** The reason I ask is that in yesterday's testimony you identified having asked Dr Porter—well, let me quote so I am not wrong. You said to him when you bumped into him at the airport, “Do you know who this person is in Sudbury?” He said he did not, and I said, “Well, find out and I’ll call you tomorrow from Toronto.” So obviously the night before there was some concern on your part in terms of identifying the individual, and I wondered if, when you spoke to him the next morning, you had asked to follow up on that?

**Mrs Dodds:** I do not remember asking him that. Looking back it seems reasonable that he would not have had time.

**Mr Christopherson:** That he would not?

**Mrs Dodds:** Now that I look back it seems reasonable that he would not have had time to find out who this physician was. He came back from an out-of-town remote community clinic very late, he was very tired, he had been on the go for about 14 or 15 hours when I saw him and he was in surgery at 8 o'clock the next morning, so it seems reasonable that I was expecting a bit much that he would know by the next day.

**Mr Christopherson:** Sure. I just assumed, since he was able to garner the permission of his partners in fairly short order, since it was important to you—

**Mrs Dodds:** Yes.

**Mr Christopherson:** —that since you had identified some pressing need to identify the doctor the evening before, that maybe that would have been a priority in the morning also.

**Mrs Dodds:** Well it is easy for him to reach his own partners. He knows where they are. Finding out who someone is whose name you do not know is a different story. You do not do that between operations, quickly.

**Mr Christopherson:** Okay, thank you. Can I move to the conversation you had with Ms Cunningham? Could you relate that conversation to me, please, as you best recall it?

**Mrs Dodds:** I began by the usual pleasantries: “How are you? How have you been? Haven’t seen you in a dog’s age.” I then said: “I had a really odd thing happen last night that has upset me. It’s troubling me a great deal and I want to run it by you because I think I should be doing something about it and I don’t know what.” I repeated to her and described to her what had happened the night before and I said: “What’s been going on? Has a Sudbury physician been charged? Is there a criminal charge pending?

What’s been happening on this?” She said she did not know anything about it, that she knew there was an issue, a controversy, in Sudbury, but that she was not aware that anyone was being charged.

I said, “Well don’t you find that odd that the minister would tell me that, and I’m a stranger to the minister, and yet on this very public issue you, a member of the House, don’t know?” She said, “There are a lot of odd things going on these days.” I then said: “Well, what do I do about this? I think this is really awful. The attitude of these people has me extremely worried. I feel that I have to make this public, and then whatever you want to do with it is up to you.”

She said, “Well, I can’t advise you,” but she said that she also had the same reaction to the incident that I did—one of shocked disbelief or just disgust, perhaps. I said, “Is there any reason that you know of that I should not make this public?” She said no, she did not know of any reason. She advised me to be very careful because there would likely be some people who were angry. I said, “Yes, I know that, but I have to do this.” So she said, “Good luck.” We asked each other about our families and that was the end of the conversation.

**Mr Christopherson:** Please, I ask you to correct me if I am incorrect or putting words in your mouth. You are stating that your intention at that point was to determine from a political perspective, from someone you knew, whether going public was the right thing.

1040

**Mrs Dodds:** I believe you have used the phrase “political perspective.” I see myself as a citizen reporting something publicly that people have a right to know. When someone highly placed in the Ontario government engages in objectionable behaviour, the electorate has a right to know. I did not see this as a political action so much as that of a private citizen.

**Mr Christopherson:** That is fair. Your determination was to determine, though, whether you should make the incidents public?

**Mrs Dodds:** I asked if there was any reason that she knew of, if there was anything that had been going on in Queen’s Park that I was not aware of, such as some case pending or—I mean, I did not know. I had absolutely no idea what had been going on, why this would even have come out of Shelley Martel’s mouth. I just do not know. And there was nothing that was going on; there was nothing she could tell me.

**Mr Christopherson:** Thank you. You testified yesterday when you were asked by Ms Jackson about the—I will read from the transcript: “Ms Jackson: Did she”—being Dianne Cunningham—“know what Sudbury doctor was being referred to?” And you responded: “She knew that it was—she did not remember the name. I did not know the name, and she never mentioned the name if she did remember it. The name did not come up, but she knew that it was the one who had been in the paper as laying off 14 people. We both knew which one we were talking about from that description.”

Is that an accurate reflection of the conversation?



**Mrs Dodds:** Yes, it is.

**Mr Christopherson:** Earlier, you answered a question from Ms Jackson that went like this: "Was there a similar controversy in the period before December 5, 1991"—talking about the fact that there was now a controversy after the 5th—"Was there a similar controversy in the period before December 5, 1991, in Thunder Bay among the medical community as you knew it?" And your response: "No, there was not. There was no public controversy at all. There were many doctors who were objecting in private conversations to what was going on, and of course as a clinic manager I had experienced some difficulties in adjusting to all of the changes that OHIP had imposed upon us, but there had been no public statement or controversy that I was aware of."

I am trying to determine how Mrs Cunningham, I believe from London, would be aware of the individual we are talking about if there were no real controversy going on.

**Mr Harnick:** Well, she said she was not.

**Mr Christopherson:** Mr Chair, please.

**The Chair:** Excuse me, Mr Harnick.

**Mrs Dodds:** Perhaps I misunderstood Ms Jackson's question. The controversy in Sudbury had been reported, and I would expect because that controversy had to do with a physician opposing the government's actions that it would be well known to any member of the Legislature. The question that I answered with respect to Thunder Bay controversy was accurate, because there had been no one in Thunder Bay closing a clinic or publicly fighting the government on it. So there was no event in Thunder Bay that had given rise to public controversy, but the Sudbury issue had been reported in our media.

**Mr Christopherson:** This is the 6th, though. That had not yet been made public, but Ms Cunningham still, she knew—

**Mrs Dodds:** What had not yet been made public?

**Mr Christopherson:** What had happened in Thunder Bay with Ms Martel. When you talked to Dianne—

**Mrs Dodds:** I am losing track of what controversy you are questioning me about here.

**The Chair:** Maybe Mr Christopherson could restate the question for the benefit of Mrs Dodds.

**Mr Christopherson:** Sure, I was just trying to determine very simply how Ms Cunningham so readily knew on December 6, I believe, the incident surrounding a particular physician in Sudbury.

**Mr Harnick:** On a point of order, Mr Chairman.

**The Chair:** Mr Harnick.

**Mr Harnick:** That is a total misstatement of the evidence. She quite clearly said that Mrs Cunningham did not know anything about it.

**The Chair:** Mr Harnick, thank you very much.

**Mr Harnick:** I think if he is going to restate the evidence, at least he can be accurate, because just a few moments ago I heard all these people say how interested they are in hearing what the facts are, rather than distorting them.

**Mr Eves:** As long as you colour them green and orange.

**Mr Christopherson:** Mr Chair—

**The Chair:** Excuse me.

**Mr Harnick:** She said four times already that she spoke to Mrs Cunningham for advice and Mrs Cunningham knew nothing about it. How many more times do we have to have that question asked?

**The Chair:** Mr Harnick, thank you very much for the point that you raise. Mr Christopherson, as I have already ruled earlier, there is a latitude given to members to pose questions, and certainly it is up to the witness with respect to the response. If they feel that there is a difficulty in the question or it requires a clarification or whatever, they have that freedom to do so with respect to their response. But of course the members can pose questions as they see fit, keeping in mind the issue that has already been discussed around the question of rumour. But apart from that, certainly there is a latitude to members to pose questions. Mr Christopherson.

**Mr Christopherson:** Thank you, Mr Chair, I appreciate that. The comment that Mrs Dodds made yesterday was that when she was speaking with Mrs Cunningham, and I am quoting from testimony, "The name did not come up, but she knew that it was the one who had been in the paper as laying off"—

**The Chair:** Mr Christopherson, I am sorry to interrupt, but counsel would like you to just recite the page.

**Mr Christopherson:** Oh, 1555-3.

**Ms Jackson:** Thank you.

**Mr Christopherson:** Middle of the page. The last sentence is, and Mr Harnick, for your benefit, I am reading directly, "We both knew which one we were talking about from that description." I was trying to determine how it was that without any other background discussion that I have heard of in that phone call, Mrs Cunningham from London was aware of the specifics of something in Sudbury and said, "Yes, we both knew who we were talking about." That was my question. I think it is a fair one, Mr Chair.

**Mrs Dodds:** I can clarify my answer to that—

**Mr Christopherson:** Please.

**Mrs Dodds:** —now that I understand your question better. As it turned out, Miss Cunningham's knowledge of the affair was restricted to what had been in the newspaper, as was mine.

**Mr Christopherson:** Okay. Did Ms Cunningham suggest to you at all during that conversation that it might be wise to talk with Dr Donahue or to make some kind of contact with him in terms of this matter being more public? You felt, from your discussions with Minister Martel, that was not a problem in your own mind, and that is fair; that was your judgement to make. My question is, did Ms Cunningham recommend to you that it might be wise for you to attempt to contact him or ask you if you had contacted him or give any advice whatsoever that Dr Donahue's rights at least come into this discussion?

**Mrs Dodds:** She did not refer to the physician's rights as such. I believe she did make some comment about, "We really should be contacting that physician to tell him what



Martel is saying about him," and I agreed with that, but I did not see that as, and I did not take from her comment, that it was intended to be an action to replace the making of the incident public, but simply another thing that should be done.

**Mr Christopherson:** I think you said that you wrote your company's manual or guidelines on freedom of information?

**Mrs Dodds:** We have a policy for staff to follow when patients request information from their files.

**Mr Christopherson:** And you wrote that?

**Mrs Dodds:** Yes.

**Mr Christopherson:** So at this point you still did not believe there was any real requirement, in terms of all the checking you were doing, the calls and the permission, in any way to reach Dr Donahue and ask him how he might have felt about this?

**Mrs Dodds:** I was not in any way officially connected with that physician. If I had been a member of the Legislature privy to confidential information and I was making it public, then I would be accountable to him. I was a member of the public who heard this from a minister. The freedom of information act applies to those who are in an official position to hold confidential information about others. It does not apply to members of the public who hear it from officials. I think you are also aware that reporters operate under the same rules.

**Mr Christopherson:** So your answer is no.

1050

**Mrs Dodds:** Sometimes.

**Mr Christopherson:** My last few questions: The comments that Minister Martel made, as you recollect, regarding criminal charges. I think you testified that it left you the impression, there was no doubt in your mind the impression was left, that what was being talked about was criminal charges, and that was the only connotation put to the word "criminal," as you recall that. If I am putting words in your mouth, please forgive me and straighten me out.

**Mrs Dodds:** That was my inference.

**Mr Christopherson:** Can I ask, how would you respond to the statement if I said that there were no charges facing Dr Donahue?

**Mrs Dodds:** When?

Interjection.

**Mrs Dodds:** Now or then?

**Mr Christopherson:** I am asking a question.

**The Chair:** Order.

**Mr Christopherson:** I am asking how Mrs Dodds would respond if I said, "There are no charges facing Dr Donahue."

**Mrs Dodds:** Now?

**Mr Harnick:** She is asking for clarification. Now or when?

**Mr Christopherson:** Either.

**Mrs Dodds:** If you had said that to me two minutes after Miss Martel made her comments to me, I would have

been a very puzzled person, because that would have contradicted what the minister said to me at the time. Now that you say it to me, I know that it has been published that some investigation has been completed on that physician and he has been cleared, but that is now. At that time, I did not even know that there was an investigation under way. I left with the distinct impression that within a few days I would be publicly hearing about criminal charges laid against this physician, who had protested the government's actions.

**Mr Christopherson:** And my last question: You do not know for a fact that Shelley Martel saw any file. All of your statements are based on your impression of that conversation.

**Mrs Dodds:** I have repeated to you to the very best ability of my recollection the words which she used. I have told you how I interpreted those words. That is as far as I can go.

**Mr Christopherson:** Right. Thank you, Mr Chair.

**The Chair:** Thank you very much, Mr Christopherson. Mr Kormos, and I remind members of the government caucus there are approximately 10 minutes remaining.

**Mr Kormos:** December 5, the pre-Christmas party with miners and prospectors and engineers, and your contact with Ms Martel was initiated by your husband taking you over to see—you told us he referred to "Shelley." Is that how he referred to Ms Martel? "Do you want me to introduce you to Shelley?"

**Mrs Dodds:** He was asked by the ministry official who was accompanying Miss Martel if he would like to meet Shelley Martel. He came over and whispered to me, "We have to leave soon, but come on over and meet Shelley first."

**Mr Kormos:** And you did.

**Mrs Dodds:** Yes.

**Mr Kormos:** You knew who she was.

**Mrs Dodds:** No.

**Mr Kormos:** You live in Thunder Bay?

**Mrs Dodds:** It could have been an engineer's wife, for all I knew at that moment.

**Mr Kormos:** You knew who Shelley Martel was.

**Mrs Dodds:** Once I had shaken her hand and looked into her face and heard her name, then I clicked.

**Mr Kormos:** Sure.

**Mrs Dodds:** I did not know that she—well, I am not going to comment further than that. It took me a second to remember who she was.

**Mr Kormos:** I am not sure you necessarily—those newspaper photos never do anybody justice. I have been looking at some of yours, and they do not do you justice.

**Mrs Dodds:** Well, thank you.

**Mr Kormos:** But I am telling you, you knew who Shelley Martel was, did you not? You knew that she was a member of the provincial Legislature from Sudbury.

**Mrs Dodds:** Her name was familiar to me. I had never met her, I had never spoken with her, never been in a meeting with her, had read bits and pieces of what she had done, but I can assure you there are a great many people

sitting on your side of the House in Queen's Park whose faces and names I would not recognize.

**Mr Kormos:** I have no doubt about that. I tell you, Ms Dodds, there are some that I am not even familiar with.

**Mrs Dodds:** Yours I know. There have been some unflattering pictures of you too, I understand.

**Mr Kormos:** Wait a minute. If you did not like the pictures, I tell you, there were thousands of women in the province who did.

**The Chair:** Order. I know our terms of reference are broad indeed, but please, I think we are stretching the limit.

**Mrs Dodds:** I could not resist.

**Mr Kormos:** My picture cost me 30 grand a year.

**Mrs Dodds:** My husband says that you are the only NDPer with a sense of humour.

**Mr Kormos:** God bless him. But I may even test that theory over the next few minutes.

**Mrs Dodds:** You may.

**Mr Kormos:** Listen, you are telling us—  
Interjections.

**The Chair:** Order.

**Mr Kormos:** —that you sat as a school board trustee in the north, in Thunder Bay, then as a member of city council. That is your position now?

**Mrs Dodds:** Yes.

**Mr Kormos:** You were politically motivated sufficiently to run in a provincial election. When was that?

**Mrs Dodds:** In 1987.

**Mr Kormos:** And you knew, did you not, that Shelley Martel was the MPP for the riding of Sudbury?

**Mrs Dodds:** I remembered it after the conversation. I did not remember it before. Why would I?

**Mr Kormos:** Fair enough.

**Mrs Dodds:** I have nothing to do with the ministry of northern affairs and mines at the moment. My cause for many, many years was the educational system and I would be more likely to recognize and to know quite well ministers of Education, but I have not been involved in the mining field since Miss Martel has been in that position.

**Mr Kormos:** Ministers of Education have been pretty transient too, through no fault of their own, mind you.

**Mrs Dodds:** Yes. I have had problems with all of them for the past 10 years, as Mr Conway will attest.

**Mr Kormos:** The conversation with Ms Martel is pretty quickly one in which clearly she is not surrounded by New Democrats or even supporters of New Democratic Party policy, is she?

**Mrs Dodds:** I am sorry; I did not understand your question.

**Mr Kormos:** Well—

**Mrs Dodds:** You mean at this reception?

**Mr Kormos:** When you were having your tête-à-tête with Ms Martel.

**Mrs Dodds:** I would not characterize it that way. She was someone I was being introduced to at the last minute,

hurriedly, as I was leaving, and I did not even know that there were any government officials in the room.

**Mr Kormos:** Ms Martel was there, and the conversation very quickly goes to a critique of current government policy, does it not?

**Mrs Dodds:** Yes.

**Mr Kormos:** No two ways about that.

**Mrs Dodds:** It has been my experience as a politician, albeit on a much lower level than you, that no matter what social circumstance you find yourself in, everyone discusses their views on whatever political issue concerns them. I cannot buy a head of lettuce without hearing about people's potholes.

**Mr Eves:** Potholes?

**Mrs Dodds:** I was—what can I tell you?

**Mr Kormos:** Ms Dodds, there was an introduction, and then immediately the conversation became one of a critique of NDP government policies.

**Mrs Dodds:** Discussions with government officials usually are that from the word go.

**Mr Kormos:** I am not inclined to disagree with you, but the facts are—

**Mrs Dodds:** I am glad. I would really wonder about your political experience if it had been different.

**Mr Kormos:** The facts are that the conversation, immediately after introductions, turned into a critique of NDP government policies.

**Mrs Dodds:** Yes, it did.

**Mr Kormos:** There was no social chatter about the weather and about the Christmas season and about the presence or absence of snow. The conversation was an introduction of who's who and then, bang, as you put it, it leaped rather rapidly—

**Mrs Dodds:** I have not—

**Mr Kormos:** —from legislation on mines to payroll burdens to employee health tax to health care costs.

**Mrs Dodds:** I have not enjoyed the luxury of social chit-chat such as you describe for many years. So I am not able to explain or defend the direction that particular conversation took. To me, that is the way discussions always go when there are politicians in a conversation.

**Mr Kormos:** And when Ms Dodds is being introduced to them.

**Mrs Dodds:** I was not the first person to start the discussion.

**Mr Kormos:** Mr Dodds was?

**Mrs Dodds:** Yes.

**Mr Kormos:** And you participated in that discussion enthusiastically, and again, no reason not to, is there?

**Mrs Dodds:** I enjoy discussing issues. I will not try to explain that any other way.

**Mr Kormos:** And the first thing that Ms Martel said that particularly irritated you was the comment that it is doctors who draw most of the money out of the health care system.

**Mrs Dodds:** That is correct.



**Mr Kormos:** If you were merely interested in the exchange up until then, that got you passionate, did it not?

**Mrs Dodds:** It certainly did.

**Mr Kormos:** And it set you off a little, right?

**Mrs Dodds:** There are many things at the moment which are called doctors' income and counted in their cap calculations which are not truly their income.

**Mr Kormos:** It was that comment that set you off a little bit?

**Mrs Dodds:** Nothing set me off, Mr Kormos. I was rather controlled through the discussion, but it was that comment which caused me to disagree firmly with Miss Martel.

1100

**Mr Kormos:** And then you engaged in an even more aggressive critique of NDP health policy, did you not?

**Mrs Dodds:** I stated my views firmly, as I have on thousands of occasions to hundreds of other politicians, which I will be pleased to do with you any time.

**Mr Kormos:** I have no doubt about it. You told us that somebody made reference to the doctor who laid off the 14 people. Who said that?

**Mrs Dodds:** I am sorry; I do not know. My husband does not remember saying it. He was standing to my left. The sound came from there, but there were other people drifting by and there was one other gentleman who was on the periphery of the conversation group for a short period of time. We just do not remember. I do not remember and he does not remember, but I know it was not me.

**Mr Kormos:** You no doubt discussed with your husband the conversation that had taken place. Was it him who drove you to the airport?

**Mrs Dodds:** Yes.

**Mr Kormos:** You no doubt discussed it with him in the car on the way to the airport.

**Mrs Dodds:** I think the best way of describing it is that I continued to mutter angrily. He has learned over the years to be a very good listener. He lets me get it out of my system.

**Mr Kormos:** You muttered, but once you got to the airport you had a chance to sit down at a little table, or wherever it was you sat and drank your coffee. Once again, I suspect, and you will tell me if I am suspecting wrong, then you had a chance to talk with your husband about the conversation.

**Mrs Dodds:** No. As I described to you yesterday, when we went into the cafeteria my husband went over to get me a cup of coffee. I spotted my boss sitting at a table, sat down and immediately began to tell him what had gone on at this session. Then another gentleman joined us. He was picking up Dr Porter, and Dr Porter and I continued talking while my husband engaged in a conversation with the other person. It was all very brief. I just had time to gulp half the cup and I had to get through security and get on to the plane.

**Mr Kormos:** Why were you frightened when Miss Martel used the word "criminal"? Why were you frightened by her saying, "It's criminal"?

**Mrs Dodds:** I am responsible for the billings of the physicians in my clinic. I am responsible for seeing to it that our computer program is well understood, properly programmed, and that my staff do what they are supposed to do. I am responsible for reconciling the records and I sign their cheques. They do not know how the office runs. They have nothing to do with their billings other than to sign that they have seen the patient and what they have done.

If a physician can be charged because something is wrong in the way his billings have been accomplished—and this was the horrible thought that crossed my mind—was there any possibility that I, as a relatively new clinic manager, could be making a mistake and causing something to happen to my bosses? It is certainly something I intended to look into in detail and check out in my own office and our own practices, because the doctors do not know how I am handling this. I have only been a clinic manager for a little over a year. I am responsible for that.

**Mr Kormos:** Fair enough.

**Mrs Dodds:** I feel responsible for these guys.

**Mr Kormos:** But it seems that the direction of your concerns was not towards whether or not indeed some errors were being made in billing at the clinic you are responsible for.

**Mrs Dodds:** You asked me why her comments frightened me and I told you. That does not explain why I made her comments public.

**Mr Kormos:** Oh.

**Mrs Dodds:** The two are unconnected.

**Mr Kormos:** You told us that it was an odd thing that happened and that your state was one of shock, disbelief or even disgust.

**Mrs Dodds:** It is difficult to find the right adjectives to describe one's reaction to such an occurrence. It certainly was not a mild reaction. I am not certain that the adjectives I have quickly selected here for you are the ones that I would—If I had a day to think about the right adjectives, I do not know what I would say. It was not a pleasant experience and it certainly was not one that went out of my mind quickly. I was angry. I knew that something significant had happened, but I do not know that shock or disbelief is—I mean, you ask me to come up with adjectives on the spur of the moment and I do my very best, but I am not an author. I am not certain that I am describing these things completely accurately. Mr Chairman, is there a washroom break called in these sessions?

**The Chair:** Yes. If you would like we can recess for 10 minutes.

**Mrs Dodds:** I would appreciate it.

**The Chair:** Recess for 10 minutes.

The committee recessed at 1105.

1117

**The Chair:** I will call this morning's session to order after a brief recess. At closing Mr Kormos had the floor.

Mr Kormos, I would remind you and members of your caucus that the 30-minute allocation has indeed expired. I would also remind all members of the committee that it has been the case that, if there is a certain line of questioning which we do not want to interrupt unnecessarily, it be allowed to continue. I will not unnecessarily interrupt that line of questioning. But I would also ask you, as all caucuses heretofore have been cognizant of and sensitive to, that when the time has expired they will attempt to wrap up their questioning as soon and as quickly as possible. Mr Kormos.

**Mr Kormos:** I am going to need a few more minutes but I am going to go fast. I am going to do it three and three quarters instead of one and seven eighths; do you know what I mean?

**The Chair:** No.

**Mr Kormos:** Anyway, Ms Dodds, I am going to put to you that Ms Martel did not say nothing whatsoever about criminal charges being laid.

**Mrs Dodds:** The way you phrased it you are correct, but then you just used a double negative. You just said "didn't say nothing." That is right. She did not say nothing; she said a great deal.

**Mr Kormos:** She did not say in any way, shape or form that criminal charges are going to be laid, did she?

**Mrs Dodds:** She said—

Interjection.

**Mrs Dodds:** It is the old school teacher in me that cannot resist.

**Mr Kormos:** That is why we never put them on juries.

**Mrs Dodds:** She did say that there were going to be charges laid and she did use the word "criminal" in one of her phrases immediately after that. I do not think she said "criminal charges," but she did say "charges" and she did use the word "criminal" in the same conversation.

**Mr Kormos:** If she said "criminal" it was in the broadest, most colloquial use of the word, much as I might say about the GST it is criminal.

**Mrs Dodds:** I did not obviously interpret it that way.

**Mr Kormos:** You do not disagree that to say it is criminal in that colloquial sense is not uncommon at all?

**Mrs Dodds:** I do not disagree that it is a common phrasing. I did not take it that way in that conversation.

**Mr Kormos:** You said that about the mill rate when it stood at 12.1%. You called this figure "criminal."

**Mrs Dodds:** I most certainly did, but I was not referring to charges.

**Mr Kormos:** You used it in the colloquial sense?

**Mrs Dodds:** Yes, I did.

**Mr Kormos:** Much as I might speak of the GST as being criminal, you talked about the mill rate back in April of last year as being criminal?

**Mrs Dodds:** That is right.

**Mr Kormos:** By virtue of referring to it as criminal, you were not suggesting that criminal charges were going to be laid, were you?

**Mrs Dodds:** But there was nothing in that discussion that referred to any potential actions against anyone. In this conversation there was specific reference made to charges, and in the same discussion the word "criminal" was used. I may have been in error, Mr Kormos, but I did connect the two and draw my own conclusions, which you may not have, but I did.

**Mr Kormos:** That takes us to the intervening discussion, because in fact there were a number of comments made between Ms Martel's first reference, as you would have us believe it, to the doctor and her comment about, "Yes, it's criminal." Have you reflected on those comments in an attempt to recall what in fact they were?

**Mrs Dodds:** I beg your pardon?

**Mr Kormos:** You see, there was some significant conversation between when you said, "What did you just say?" and she said, "Yes, it's criminal," and what she first said about a doctor in Sudbury.

**Mrs Dodds:** I do not understand what you are asking me to do here.

**Mr Kormos:** I am sorry, Mr Chair, but let's go through. I tried yesterday to write down what you were telling us the conversation was. Let's go through the conversation and you tell us what it was that was said, because it is really important, because you see, you are right, different people can draw different inferences about what was meant.

**Mrs Dodds:** I can only tell you what my inferences were, not what yours would have been.

**Mr Kormos:** But what was said by Ms Martel after—you told us she said: "Oh, him. I've seen his file. You're going to lose all sympathy when you find out how many charges are laid against him." You told us that yesterday.

**Mrs Dodds:** That is correct.

**Mr Kormos:** What was said next?

**Mrs Dodds:** There were some outbursts from people around who were all beginning to talk at the same time. I think I said, "What?" or something. I was totally shocked.

Interjection.

**Mrs Dodds:** I am sorry that I am not able to be word-for-word specific after that.

**Mr Eves:** On a point of order, Mr Chairman: Perhaps I could be helpful to Mr Kormos. If he would care to turn to yesterday's Hansard, he can see exactly what Mrs Dodds said. Is this the same Mr Kormos who was objecting to my line of questioning, who is now over his time and badgering the witness? Is this the same Mr Kormos?

**The Chair:** Mr Eves, just one moment. First, on the last point, on the question of badgering, Mr Kormos is asking questions which he, as a member of this committee, feels are appropriate. Second, dealing with the matter that you brought up with the transcripts—

**Mr Woods:** You do not want the truth to come out, Ernie?

**The Chair:** Mr Woods, please, you seem to be one of the—

Interjection.



**The Chair:** I was about to just remind Mr Kormos and Mrs Dodds that this is the subject matter of a matter which was brought forward yesterday and is in the transcripts, at pages 1545-2, 1545-3. So in keeping with the time, which I have reminded members, Mr Kormos, has expired, you might want to refer to that portion of the Hansard so that the questioning could be quickly completed. We are at 11:23 and I would like to ask if you could complete by 11:30.

**Mr Christopherson:** On a short point of order, and I appreciate what you are saying, Mr Chair, and understand the guidelines we all agreed to, I would just ask you for a little extra consideration, bearing in mind that next to Minister Martel, Mrs Dodds is arguably the most important witness that will come before this group. If Mr Kormos needs a little more time, I think it is most appropriate that that be provided.

**The Chair:** Mr Christopherson, with respect to your concern, it is one which I have already given. I am just alerting you and your members to the position that we did give 30 minutes per caucus. You commenced your questioning at 10:30 to 11:45. There was a slight interruption on a point of order. At 11:05 we broke until 11:18 and so that extra time has already been given. I am sensitive to that concern. Mr Kormos, please, if you could continue.

**Mr Kormos:** You recall I spoke to you about this yesterday, Chair. I told you I figured I might need a few more minutes and that I was going to tell you.

In any event, you said, "What?"

**Mrs Dodds:** Yes.

**Mr Kormos:** What were the comments that followed that?

**Mrs Dodds:** She said, "Yes, it's criminal."

**Mr Kormos:** Hold on.

**Interjection:** He is trying to get this down.

**Mr Kormos:** Please. "Yes, it's criminal."

**Mrs Dodds:** Mr Chairman, I would be delighted to describe word for word, in accurate detail, every single, tiny, little breath that was taken in that entire conversation. As with most people, I am not able to recall things that precisely as Mr Kormos is preparing to record. I have given you the very best recollection that I can of the discussion. There were certain parts of it that stuck in my mind and there were other parts that did not hold the same significance for me and therefore are not recalled by me in as accurate a detail. I will do the best I can, but I really wonder what you are about, Mr Kormos.

**The Chair:** Mrs Dodds, that is all that one—  
Interjections.

**The Chair:** Excuse me. Order, please. Mr Kormos. Please, members. Mr Kormos, if you could continue your questioning, I think, Mrs Dodds, we all recognize and understand the point that you have made. Mr Kormos, if you could quickly complete your questioning.

**Mr Kormos:** You said, "What?" and she said, according to you, "Yes, it's criminal." But before you told us there were a few other little comments back and forth. I would

dearly love for you to try, try, try as best you can to recall what those comments were, because surely they are important and it is important to put this conversation in the context and to relate all of what was said, is it not?

**Mrs Dodds:** It certainly is important, and I am not treating this lightly at all. There were several people talking at the same time at that point. Several people were trying to get their two cents' worth in, and I do not recall what each person's comment was. There were people speaking over each other. I know I was not pleased with what I had heard and probably said something to the effect, "Oh, for heaven's sakes. What can you possibly be saying?" or something like that. Miss Martel was saying things along the same line, that what was going on in Sudbury was terrible and there was going to be something done about it, you know, that kind—now do not write that down. I am describing as opposed to quoting. There is a difference.

I do not recall the exact words. I have tried to, but only certain parts were stuck in my mind as having great impact and obviously caused me to react. Other parts are remembered as a perception of the tone or the import or the inference that I drew, but I am sorry, I do not walk around with a tape recorder in my head. I wish I did. Actually, after all of this was over, I was beginning to wish I had had a tape recorder, and on my phone to boot.

**Mr Kormos:** Because if we did have that portion of the conversation, it might help us understand exactly what Ms Martel intended to convey.

**Mrs Dodds:** My feeling is that if I had had a tape recorder with me during that conversation, you would be more shocked than I was.

**Mr Kormos:** I have no doubt, Ms Dodds.

**Mrs Dodds:** You would have been embarrassed.

**Mr Kormos:** I would be interested in hearing what was said, which is why we are here.

**Mrs Dodds:** Yes. I have given you as much as I can possibly recall. I am only sorry that I am not able to recall each and every little word. I wish I could.

**Mr Kormos:** I am too, Mrs Dodds. Now yesterday, at the very beginning of our questioning of you, you confirmed for Ms Jackson that you publicly resigned from the Conservative Party.

**Mrs Dodds:** I am sorry?

**Mr Kormos:** You confirmed to Ms Jackson that you publicly resigned from the Conservative Party.

**Mrs Dodds:** That is right, I did.

**Mr Kormos:** You subsequently, what, joined the Reform Party in Ontario?

**Mrs Dodds:** I was a member of the provincial Conservative Party and after resigning I did not join any other Conservative or any other provincial party. About a year ago, I attended some Reform federal—you do realize the Reform Party does not have any provincial riding associations—and toyed with the idea of working with that group, but I have not followed it up.

**Mr Kormos:** The press report that you are acting treasurer for the riding association is inaccurate?



1130

**Mrs Dodds:** Yes, it is. It was accurate for about a week. I was asked to assist with setting up the riding association. I met with some people and I did assist them. I did attend their first meeting and a new executive was selected right after other people came to the first meeting. I have not attended any meeting since or been involved in the executive of the Reform Party since. It was a slim hope I had that there would be some party I could put my faith in, but I did not pursue it.

**Mr Kormos:** My final question, Chair, and that is that you conveyed, when you spoke to Ms Jackson and Mr Christopherson, a sense of uncertainty as to how to pursue this whole issue. You were calling Ms Cunningham, you were calling Mr Harris. Ms Cunningham, and you agreed with her, suggested that you be very careful. Why would you have to be very careful?

**Mrs Dodds:** Whenever one takes on an issue publicly it is necessary to be very prudent, to be very accurate. I have taken on some big challenges in my time and I have learned that, that one has to be very accurate, very careful and very measured.

**Mr Kormos:** Well, when you accused the Federation of Women Teachers' Associations of Ontario of indoctrinating students to the communist point of view, was that the result of prudence and caution on your part, or was it otherwise?

**Mrs Dodds:** At the time that I made that quote, Mr Kormos, I had the documented evidence of that taking place in my hand.

**Mr Kormos:** They were nurturing little communists in our classrooms?

**Mrs Dodds:** Yes. Would you like me to bring it to you? I would be pleased to describe it to you here.

**Mr Kormos:** And that is the Federation of Women Teachers' Associations of Ontario that is doing it?

**Mrs Dodds:** Absolutely. If you will read the publications of the federation of women teachers of Ontario you will find that they have taken upon themselves the challenge of promoting world peace. At that time, they had decided that disarmament and world government were the two political solutions for world peace and they were deliberately teaching children that these were acceptable political aims, through methods that leave no physical trace in the classroom. I have given extensive speeches on just that all over this province.

**Mr Kormos:** The Federation of Women Teachers' Associations of Ontario as a hotbed of communism is new to me, Ms Dodds.

**Mrs Dodds:** Please do not reinterpret my statements. I am very precise in what I say they are doing. I did not say that they are a hotbed of communism; you just interpreted my statements to that effect, and I resent that.

**Mr Elston:** On a point of order, Mr Chair.

**The Chair:** I would like, if there is a point of order, that we would allow the witnesses to complete their

responses to any question that has been posed. I understand Mr Kormos is now finished in his questioning?

**Mr Kormos:** There is a point of order—

**The Chair:** Yes.

**Mr Kormos:** and I can be interrupted by that.

**The Chair:** Mr Elston.

**Mr Elston:** Mr Chair, I think it is obvious to anybody who has been watching the performance of Mr Kormos over the last several minutes that he is here, as he began early in this deliberation, to try and take the witness out of deliberations on the facts of the material in front of us. He has tried to indicate that she has some other motive than getting to the basic facts and truth of the matter for being here in front of this legislative committee. He has here declared in his last question certain other allegations against this witness. It has obviously been designed on his part, or on the part of the New Democratic Party, that they should try and make this witness look bad publicly—

**Mr Wood:** Oh, come on, Murray.

**The Chair:** Mr Wood, please.

**Mr Elston:** —just as Ms Martel had decided that she and the New Democrats would make the doctor in Sudbury look bad publicly, so that they could tear them apart.

Mr Chair, I think that you must intervene and ask him not to be doing the type of thing that he obviously has contrived to do to take away the credibility of this deliberation. I find it extremely reprehensible. I have seen him do it before. I think, Mr Chair, that because of the time you should ask him to fully desist from further questioning.

**The Chair:** Thank you very much, Mr Elston. I have listened closely to the question posed by Mr Kormos and I remind all members that we have been giving a latitude to members of this committee to pose questions that they feel are important in this issue. I am going to allow that type of question to be posed by Mr Kormos. I think that is in keeping with the rules and responsibilities of members of this committee.

Mr Kormos, I take it that you have completed your questioning now, because time has expired.

**Mr Kormos:** Am I precluded from asking any more questions, Chair?

**The Chair:** Well, Mr Kormos, I would rather not have to preclude anyone from asking questions, but I have listened to you indicating that you had but one question left to ask, that you were sensitive to the time. If you would like, you can ask one more question and then we will move on.

**Mr Harnick:** I thought that was his last question. He said he had one more question.

**The Chair:** I am going to allow Mr Kormos to pose one further question and then we will move on.

**Mr Mills:** No outbursts, Charlie.

**Mr Kormos:** Ms Dodds—

**Mrs Dodds:** Mrs Dodds.

**Mr Kormos:** Oh, I am sorry.

**Mr Harnick:** You should be.



**Mr Kormos:** It is so hard to be politically correct. Mrs Dodds—

**Mrs Dodds:** Thank you.

**Mr Harnick:** Excuse me, Mr Chairman; enough of this. This is totally disrespectful of the witness.

**The Chair:** Excuse me one moment. I must indicate that I do believe, Mr Kormos, that if you do have a question you would like to pose to Mrs Dodds, you could do so. If there is not a question, then we will excuse Mrs Dodds from further questions as the rotation has been completed.

**Mr Kormos:** Mrs Dodds, you have got a long history of taking to task publicly, with innuendo, with direct attack, with smears of communism, anybody with whom you politically disagree, ranging from the Federation of Women Teachers' Associations of Ontario to fellow councillors to fellow boards of trustees. There is a lengthy press file which would indicate that you are no stranger to the media, be it print or otherwise, and you have no hesitation in using the media to attack and condemn, again be it with facts or with innuendo, anybody who would contradict your extreme right-wing political philosophy.

**Mrs Dodds:** My right-wing views are not unknown. I doubt that I will ever be accused of being a socialist. I am flattered that my press file intrigues you, but if you have read it you will note that I have been critical of any party and any politician with whose views I have not agreed. My first assaults, if you will, on the government began when Bette Stephenson was Minister of Education, they continued through the Liberal regime and are now continuing on yours.

On the other hand, two weeks ago I publicly stated that Premier Rae had done a very good thing in imposing wage guidelines or in calling for wage guidelines of 1, 2 and 2. I think you will find that I am consistent with my principles and that I am obliged to speak up on issues that I have deep personal feelings about. My political sphere is totally restricted with trying to save the city of Thunder Bay's financial situation at the moment. This was something that happened that I did not ask for or need.

**The Chair:** Well, thank you very much, Mrs Dodds. That completes the rotation of questions. I thank you for coming before the committee.

**Mr Eves:** On a point of order, Mr Chair: With the line of questioning and the time that Mr Kormos has been permitted to go on, I take it that any members of this committee will be entitled to run over the time, ask any witness any questions they have about the witness's previous political involvement, personal background, opinions and views about any subject matter whatsoever. I take it, from the line of questioning that you have allowed Mr Kormos to pursue in the last half-hour, that I have carte blanche to ask anybody anything I want, whether it is relevant to this inquiry or not.

**The Chair:** Mr Eves, in terms of the timing it is a matter which has been specifically addressed by the subcommittee.

**Mr Eves:** Get ready.

**The Chair:** It has always been the feeling of the subcommittee that if there is a particular line of questioning which a member has been engaged in and the time happens to run over, I as Chair would not call the time. It is important to make certain that all members have a sufficient amount of time. That is what we have been attempting to do. The way in which a member uses his or her time in questioning, as to whether there is any evidentiary substantiveness to the question, is a question for the member and for the member's caucus. We will attempt to continue to live within those guidelines as set by the subcommittee.

Thank you again, Mrs Dodds. Mr Christopherson.

**Mr Christopherson:** Mr Chairman, just a couple of points. One is that it is acknowledged that the time that is set is arbitrarily done by yourself.

**The Chair:** That is correct.

**Mr Christopherson:** Having said that, I know you are trying to be as evenhanded as possible, in consultation with committee counsel, in terms of how much time you think is necessary, but it does need to be stated that you plucked that figure out of thin air. That is why you offer the latitude for some members.

The other thing is that I would like to reiterate the offer that I understand our House leader has made to the other two House leaders, that if they would like and if they need the time to sit in the evenings we are prepared to do that.

**Mr Kormos:** We should.

1140

**Mr Conway:** If I might, clearly evidence continues to build to make the subcommittee meet at an early opportunity to review some of the protocol. I think it is best dealt with there and believe me, it will be dealt with there.

**The Chair:** Thank you very much. We will deal with that in the subcommittee meeting. Before we call our next witness, I indicated earlier this morning that there had been hearings taking place in camera and that as a result of those hearings there were transcripts made which have been amended, in so far as information of a confidential nature has been deleted. We now have copies of those transcripts, together with copies of any exhibits given, again with amendments.

There are five pieces. They will be marked as exhibit 42 being the transcript of Wednesday in camera; exhibit 43, which is the Thursday meeting in camera; we have exhibit 44, which is an exhibit of those in camera proceedings; exhibit 45 is an exhibit of an in camera proceeding, and exhibit 46 is once more an exhibit in the in camera proceeding. Those have been marked and are now part of the record as amended.

ROBERT DODDS

**The Chair:** I would now like to call the next witness, who is Mr Dodds. We are just waiting for Mr Dodds to appear. I understand he is just outside the committee room. I would remind members that this meeting is still in progress. We are just waiting for Mr Dodds.

I would like to call Mr Robert Dodds. Good morning, Mr Dodds. If you could please take a seat. Prior to questioning being commenced by counsel, it has been the practice



to have the clerks swear witnesses under oath. I would ask the clerk to do so at this time.

Robert Dodds, sworn.

**The Chair:** Mr Dodds, I would like to warn you that in the event that you are asked a question which you cannot properly answer without divulging confidential information, could you please advise the committee. If there is not a way to disclose this information without divulging such information, then the matter will be addressed in an in camera proceeding. I give this to you as a warning and ask, if that in fact happens, that you advise the committee prior to any response. Having said that, I would invite counsel to open up questioning, after which there will be a rotation of questions from each caucus.

**Ms Jackson:** Mr Dodds, would you state your full name for the record, please.

**Mr Dodds:** My name is Robert Brian Dodds.

**Ms Jackson:** Mr Dodds, you live, as I understand it, in Thunder Bay and have done for about 12 years.

**Mr Dodds:** Yes, that is correct.

**Ms Jackson:** You are a consulting engineer?

**Mr Dodds:** Yes.

**Ms Jackson:** Having graduated as a civil engineer, you now work in the field of geotechnical and environmental engineering.

**Mr Dodds:** That is correct.

**Ms Jackson:** You are with a firm called Trow Consulting Engineers, a firm that is very well known to those in that business. But I am not, so I mispronounced the name. I apologize. Can you give us the name and the proper pronunciation?

**Mr Dodds:** It is Trow Consulting Engineers.

**Ms Jackson:** A company that has a number of offices throughout Ontario; you have been with that company for, I understand it, four years.

**Mr Dodds:** That is correct.

**Ms Jackson:** You were formerly on the executive of the Canadian Institute of Mining and Metallurgy and remain an active member.

**Mr Dodds:** I would like to correct that. I was on the executive of the local chapter in Thunder Bay. It is a national organization. I was only on the executive for the Thunder Bay branch.

**Ms Jackson:** Am I correct that you have remained an active member of that organization?

**Mr Dodds:** Yes.

**Ms Jackson:** I understand that unlike your wife, you are not active and have not been active in politics.

**Mr Dodds:** Other than in my mind, no.

**Ms Jackson:** I want to take you directly to the evening of December 5, 1991, and in particular to a cocktail party that took place that evening under the sponsorship of the Canadian institute. You were at that cocktail party?

**Mr Dodds:** Yes, I was.

**Ms Jackson:** Indeed, I understand that you were one of the sponsors of the event.

**Mr Dodds:** That is correct.

**Ms Jackson:** We have heard from your wife that there were about 80 to 100 members of the institute in attendance at the event. Does that accord with your recollection?

**Mr Dodds:** I would confirm that number, yes.

**Ms Jackson:** When you attended, did you expect anyone else to be there other than members of the institute?

**Mr Dodds:** No.

**Ms Jackson:** When you arrived, did you find in fact that somebody else was there?

**Mr Dodds:** Yes.

**Ms Jackson:** Who?

**Mr Dodds:** The minister, Shelley Martel, Minister of Northern Development and Mines.

**Ms Jackson:** Had you met her before?

**Mr Dodds:** No.

**Ms Jackson:** When you arrived, shortly after arriving did you in fact meet her?

**Mr Dodds:** Yes.

**Ms Jackson:** Would you describe for the committee, please, the circumstances under which you met Ms Martel?

**Mr Dodds:** I was circulating through the room talking to acquaintances and friends. I was called over by an employee of the Ministry of Northern Development and Mines. I know this gentleman quite well.

**Ms Jackson:** Who is that?

**Mr Dodds:** Mr John Mason. I know this gentleman from the years of work I have been doing in connection with the Ministry of Northern Development and Mines. He called me over to meet the minister, and I proceeded to go over and meet the minister.

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**Ms Jackson:** Did you proceed alone or with anyone?

**Mr Dodds:** My wife, Evelyn, was with me.

**Ms Jackson:** And what happened?

**Mr Dodds:** We began talking to the minister. I opened the conversation.

**Ms Jackson:** When you joined the conversation, who was there?

**Mr Dodds:** Mr Mason, the minister, a prospector named Dave Petrunka, my wife, Evelyn, and myself.

**Ms Jackson:** And if we imagine—this was a circle of people, was it?

**Mr Dodds:** Yes. There were other people around, milling around. It was a stand-up cocktail party.

**Ms Jackson:** Can you just describe the configuration of people in the conversation? Starting with yourself, who was to your right?

**Mr Dodds:** To my right was my wife, Evelyn.

**Ms Jackson:** And who was to her right?

**Mr Dodds:** Dave Petrunka.

**Ms Jackson:** And who was to his right?

**Mr Dodds:** The minister.

**Ms Jackson:** And who was to her right?



**Mr Dodds:** John Mason.

**Ms Jackson:** And who was to his right?

**Mr Dodds:** I do not recall. There were people around, but I do not think there was anyone specific.

**Ms Jackson:** Was there somebody else in the group or other people in the group—

**Mr Dodds:** No.

**Ms Jackson:** —or just people on the outside of your group?

**Mr Dodds:** They were on the outside of the group, I would suspect.

**Ms Jackson:** Were they part of the conversation, or do you remember?

**Mr Dodds:** No, they were not, that I could recall.

**Ms Jackson:** After you were introduced to Ms Martel, what then took place?

**Mr Dodds:** I registered my concerns that the provincial policies are ruining the mining industry in Ontario irreparably. I am referring specifically to sections 160 and 161, part IX, of Bill 71, revising the Ontario Mining Act.

**Ms Jackson:** And you said that to Ms Martel, did you?

**Mr Dodds:** I just said that the policies that are currently in effect under the revisions to the Mining Act are disastrous to the mining industry in Ontario.

**Ms Jackson:** What was your tone when you said that?

**Mr Dodds:** I do not think it was any different than it is when I address any politician I encounter. I was just registering an opinion.

**Ms Jackson:** Were you registering it forcefully?

**Mr Dodds:** I do not think I was.

**Ms Jackson:** What did she respond?

**Mr Dodds:** She responded to the effect that the malaise the mining industry is suffering is not only a result of provincial policies; it is the result of the artificially high Canadian dollar and the low metal prices, which I agreed was part of the problem. But I did respond that there are some provincial matters that do affect the mining industry.

**Ms Jackson:** And then what was said?

**Mr Dodds:** Well, the conversation evolved. I do not remember the exact words, but it evolved that one of the things that is hurting the mining industry and all industries are the payroll burdens, and somehow that evolved into the burdens such as unemployment insurance, the fact that the employer now pays all of the health costs, and I believe that is how the conversation began to lead into doctors and clinics.

**Ms Jackson:** Now, who was making these points about payroll burdens and health costs and such, just you or other people as well?

**Mr Dodds:** It was mostly my wife making those comments.

**Ms Jackson:** And can you describe the tone in which she made those comments?

**Mr Dodds:** Strong.

**Ms Jackson:** She presented it forcefully?

**Mr Dodds:** Yes, I would say so.

**Ms Jackson:** She is a forceful woman when she has an opinion.

**Mr Dodds:** Yes.

**Ms Jackson:** And she has many.

**Mr Dodds:** Yes.

**Ms Jackson:** All right. And what happened next?

**Mr Dodds:** I do not know how it got on to the fact that a clinic would be closing, but mention was made that a clinic would be closing in Sudbury; a Sudbury doctor was going to close his clinics because of the capping.

**Ms Jackson:** Who made that remark?

**Mr Dodds:** I do not recall who made that remark.

**Ms Jackson:** Had you ever heard that before?

**Mr Dodds:** I was aware of it, yes.

**Ms Jackson:** From where?

**Mr Dodds:** From a newspaper article.

**Ms Jackson:** Did you know which doctor it was that was being referred to?

**Mr Dodds:** No, I did not.

**Ms Jackson:** Did you know what the doctor's specialty was?

**Mr Dodds:** No, I did not.

**Ms Jackson:** What was said after that remark?

**Mr Dodds:** The minister stated that we would not be so sympathetic to doctors, or to this doctor, had we seen the file.

**Mr Kormos:** Excuse me. Once again—

**The Chair:** Order.

**Mr Kormos:** —I need time to write this down, please.

**Ms Jackson:** Would you repeat that a little bit more slowly, Mr Dodds, please?

**Mr Dodds:** Yes. She made—

**Mr Elston:** New intimidation by the New Democrats.

**Mr Kormos:** I just want to be able to write down what is being said.

**The Chair:** Order.

**Ms Jackson:** I am sure that Mr Dodds understands. It is a perfectly proper request, but let me explain, Mr Dodds. Obviously this is an important area of your evidence that people want to have a specific note of, so if you could just repeat it very slowly, that would be helpful to us all.

**Mr Dodds:** The minister made remarks to the effect that we would not be so sympathetic to the doctor or to doctors—I cannot recall which—had we seen the file.

**Ms Jackson:** We would not be so sympathetic to a doctor or doctors—I did not catch what you said after—

**Mr Dodds:** Had we seen the file.

**Ms Jackson:** Had we seen the file or the files?

**Mr Dodds:** I cannot recall which.

**Ms Jackson:** So it might have been doctor or doctors and it might have been file or files?

**Mr Dodds:** It may have been, to my recollection.

**Ms Jackson:** Did she say anything else?

**Mr Dodds:** Yes, then she said that there would be charges laid.

**Ms Jackson:** Did she use those words, or is that just your best recollection—

**Mr Dodds:** Words to those effect.

**Ms Jackson:** —of the gist of what she said?

**Mr Dodds:** That is my recollection of the gist of the conversation.

**Ms Jackson:** That charges would be laid?

**Mr Dodds:** Yes.

**Ms Jackson:** Did she say anything else?

**Mr Dodds:** There was discussion back and forth between the minister and my wife, Evelyn, but those are the items of the conversation that stuck in my mind. We did not stay all that long. We left shortly thereafter.

**Ms Jackson:** The discussion that followed back and forth after she said charges would be laid: Can you be any more specific for the committee as to what the discussion was about and specifically what was said?

**Mr Dodds:** No I cannot, but I do know it evolved around the impression that there is animosity or disdain for doctors and that doctors would be leaving the province if these policies were continued to be enforced in the manner that they are being enforced.

**Ms Jackson:** The suggestion that there was animosity and disdain for doctors in the province I assume did not come from Ms Martel.

**Mr Dodds:** No.

**Ms Jackson:** Would I be correct in assuming it came from your wife?

**Mr Dodds:** Yes.

**Ms Jackson:** Do you recall any more specifically what she said?

**Mr Dodds:** When you are saying “she,” you mean—

**Ms Jackson:** I am sorry, I mean your wife, Mrs Dodds.

**Mr Dodds:** My wife. No. There was just a conversation going on. As I say, it was fairly short, because we had to leave. I had to get Evelyn to the airport to fly to Toronto.

**Ms Jackson:** When Mrs Dodds made the comments she did about animosity and disdain, do you recall any response from Ms Martel?

**Mr Dodds:** No, I do not.

**Ms Jackson:** Can you describe Ms Martel’s general demeanour while this conversation was taking place?

**Mr Dodds:** To my mind it seemed normal. I did not sense any specific agitation.

**Ms Jackson:** Do you recall any movement or hand gestures by Ms Martel during the course of the conversation?

**Mr Dodds:** Vaguely, but nothing dramatic or that would stick in my mind.

**Ms Jackson:** Nothing specific that you could tell the committee about.

**Mr Dodds:** No.

**Ms Jackson:** Now, the conversation—first of all, from the point at which the issue of the doctor who was closing

his clinic in Sudbury arose until you and your wife left the conversation, could you estimate for the committee how long that took?

**Mr Dodds:** Probably about 10 to 15 minutes, if that.

**Ms Jackson:** And the conversation about the animosity and disdain for doctors, could you estimate how long that took?

**Mr Dodds:** No, but it would have been relatively short. We did not stay a long time.

**Ms Jackson:** When you say 15 minutes, just so we are sure, I am asking you for your recollection of how long it took, not from the beginning of your conversation with Ms Martel but from the beginning of the period where the comment was made about the Sudbury doctor who was closing until when you left. Is that about 10 to 15 minutes?

**Mr Dodds:** It would be that or probably less.

**Ms Jackson:** What is your best estimate?

**Mr Dodds:** I would say five to 10 minutes.

**Ms Jackson:** What did you understand from the words, “We would not be so sympathetic to a doctor, or doctors, had we seen the file, or files,” and that charges would be laid?

**Mr Dodds:** I inferred that she had seen the file, or a file.

**Ms Jackson:** What file did you infer she had seen?

**Mr Dodds:** In my mind it would have been the file of that Sudbury doctor.

**Ms Jackson:** Your wife, as you know, has indicated she recalls a further comment by Ms Martel to the effect that something was criminal. I take it, since you have not recounted that, you do not remember that remark.

**Mr Dodds:** I do not remember that remark. I am not saying it could not have been made, but I do not remember the remark.

**Ms Jackson:** Did you notice whether anyone other than the people you have mentioned as being part of your circle were listening to this conversation?

**Mr Dodds:** I suspect there would have been. My wife is a fairly well-known figure in Thunder Bay and we were talking to a minister of the crown, so I would strongly suspect there were other people around probably listening or attempting to listen.

**Ms Jackson:** Apart from what you might suspect, did you actually notice that anyone was listening?

**Mr Dodds:** No, I was facing the minister.

**Ms Jackson:** Would you describe this as a heated conversation?

**Mr Dodds:** I think that is a matter of opinion. I would describe it more as an intense or a strong conversation. I do not think I would call it heated.

**Ms Jackson:** Do you recall whether in the course of the conversation people were interrupting one another?

**Mr Dodds:** We probably were.

**Ms Jackson:** Who was interrupting whom?

**Mr Dodds:** I recall that the minister and my wife were interrupting one another.



**Ms Jackson:** And have you now told the committee everything you can actually recall of what was said in the conversation?

**Mr Dodds:** I believe I have, yes.

**Ms Jackson:** Then you left and took your wife to the airport?

**Mr Dodds:** Yes.

**Ms Jackson:** Were you present for a conversation between your wife and anyone at the airport concerning this event?

**Mr Dodds:** Yes.

**Ms Jackson:** Could you tell the committee about that, please?

**Mr Dodds:** When we arrived at the airport, my wife's employer, or one of her employers, who is a doctor, was there at the airport. I believe he was just arriving back from somewhere, and my wife recounted the very recent conversation she had had with the minister to the doctor.

**Ms Jackson:** And what did he say?

**Mr Dodds:** I do not recall what he said. He had someone else with him, and I was not really listening to the conversation all that closely. I was talking to the other person there about skiing. They had just come back from skiing.

**Ms Jackson:** All right. Apart from conversations you might have had with your wife in which she told you what was happening thereafter, have you had any other conversations with anyone about the December 5 conversation with Ms Martel since the time it occurred?

**Mr Dodds:** I have been asked by a number of individuals, was I there at this event, once it became a news item. I have confirmed that I was there. Other than that, probably not.

**Ms Jackson:** Have you had any occasion to discuss the conversation with anyone who was present at it?

**Mr Dodds:** No, other than the one call or a conversation with the prospector, Dave Petrunka. This was probably about a week after. I mentioned to him that this event

seemed to have become something of a media event and that he would probably be getting a call from someone some day.

**Ms Jackson:** Did you phone him to tell him that?

**Mr Dodds:** Yes, I did, but he was not there. But I happened to run into him in a parking lot later on.

**Ms Jackson:** What specifically prompted that telephone call?

**Mr Dodds:** Just to mention to him that this is going to be a media event and somebody will probably be calling him. I just happen to know Mr Petrunka. I have had some business dealings with him before. It was more of a—

**Ms Jackson:** Was there anything specific that had caused you to call him at that time?

**Mr Dodds:** No, other than the fact that it was becoming a publicity event, or a media event.

**Ms Jackson:** You said he was not there on that occasion. Did you subsequently speak to him about it?

**Mr Dodds:** No.

**Ms Jackson:** Have you ever talked to the press about this event?

**Mr Dodds:** No.

**Ms Jackson:** Did you ever learn who the doctor was?

**Mr Dodds:** I do now, because I have read it in the paper since then, but—

**Ms Jackson:** Until you read it in the paper, did you know who the doctor was?

**Mr Dodds:** Until I read the paper, no, I did not know.

**Ms Jackson:** Thank you, Mr Dodds. Those are my questions.

**The Chair:** Thank you very much, Mr Dodds. Keeping in mind that it is noon, we will adjourn until 2 pm, at which time we will commence with questioning from the third party.

The committee recessed at 1202.

## AFTERNOON SITTING

The committee resumed at 1409.

**The Chair:** I would like to call the afternoon session of the standing committee on the Legislative Assembly to order. Members will recall that at the end of the morning session, counsel Patricia Jackson had completed her questioning of Mr Dodds. We will now proceed in terms of the rotation from caucus to caucus. The leadoff will be Mr Harnick. Mr Harnick, I have allocated 15 minutes per caucus.

**Mr Harnick:** Thank you, Mr Chairman. Sir, we have heard on numerous occasions that Ms Martel described the conversation she had with you and your wife and the other people in that circle as being a very heated discussion. What I want you to tell us is whether, during the course of that discussion, Ms Martel was screaming at your wife or speaking loudly and what her degree of composure was during the discussion.

**Mr Dodds:** She was not speaking loudly that I can recall and she seemed composed to me.

**Mr Harnick:** She also told us that during the discussion she said things that were unfounded and untrue. What I want is your description of whether those words suddenly slipped out of her mouth or whether those comments she made were comments that you would describe as made very deliberately.

**Mr Dodds:** I did not think they slipped out of the minister's mouth. My distinct understanding of the conversation was that we would not feel so sympathetic towards this doctor had we seen a file, and I do believe it had been mentioned probably several times in the conversation.

**Mr Harnick:** So she said that more than one time?

**Mr Dodds:** I know it was said but I feel it could have been said several times.

**Mr Harnick:** And when she said it, she did not indicate, "Oops, I've made a mistake," and cover her mouth or anything of that nature.

**Mr Dodds:** No.

**Mr Harnick:** Again, would you describe the comments she made as being very deliberately made?

**Mr Dodds:** In my estimation, yes.

**Mr Harnick:** You are a resident, I understand, of Thunder Bay.

**Mr Dodds:** Yes, I am.

**Mr Harnick:** And I understand that one of the members of this Legislature representing the Thunder Bay area is Ms Wark-Martyn.

**Mr Dodds:** That is correct.

**Mr Harnick:** I understand that she or members of her staff recently made some comments about doctors in the community in Thunder Bay. Do you know anything about that?

**Mr Dodds:** That has been mentioned by my wife to me in conversations, but other than that, no. I know very little of the details and even if I did, I do not think I would feel free to divulge any.

**Mr Harnick:** Well, you indicated earlier that you got the impression that Ms Martel had a disdain or animosity for doctors generally.

**Mr Dodds:** That was the impression I gathered primarily from what I reckoned to be her cool demeanour.

**Mr Harnick:** Is this the same kind of impression you received when you heard the remarks made by Ms Wark-Martyn and her staff members in Thunder Bay? Was that the general tenor?

Interjection.

**The Chair:** On a point? May I just—

**Mr Kormos:** I have to make this point, though.

**The Chair:** One moment, please; I was just discussing this particular matter with counsel.

The only thing I can do is remind Mr Harnick of a previous subcommittee meeting where this particular area was brought forward and that we had agreed then that though it may be the subject matter of future questions, it was not at this particular point in time.

**Mr Harnick:** Mr Chairman, what I am prepared to do is rephrase the question and if you deem it is on the borderline or out of order, I would be quite prepared to withdraw it.

**The Chair:** Thank you very much, Mr Harnick.

**Mr Harnick:** When you heard the comments of Ms Wark-Martyn and the members of her staff as reported in your community, did it—

**The Chair:** Mr Harnick.

**Mr Harnick:** Just let me finish the whole question; that is the only indulgence I would ask. Did you come to a conclusion about the government's strategy in so far as dealing with medical issues in northern Ontario—

**Mr Kormos:** Needless to say, I want to raise a point of order.

**The Chair:** Excuse me.

**Mr Harnick:** It is certainly—

**Mr Kormos:** Is that the end of your question?

**Mr Harnick:** Mr Kormos spent a good part of this morning badgering a witness about membership in a union that has absolutely nothing to do with this. We have evidence—

**Mr Wood:** Charlie, Charlie.

**Mr Harnick:** Just a second.

**The Chair:** Order, please. Mr Harnick is attempting to phrase a question. He is attempting to justify the phraseology of the question, and I would expect that all members of the committee would indulge Mr Harnick in his attempt to make the point. If that is not the desire of the committee, then I would suggest we should take up the matter of interjections and interruptions at the subcommittee meeting. But if it is, I would think we should allow, as any member will be able to, if a question has caused some concern, to possibly rephrase it and, in the event he cannot, to withdraw it without interjection from any member of this committee. Mr Harnick.



**Mr Harnick:** What I am trying—

**Mr Hope:** I want to make a comment, Mr Chair. When you are making a comment, I think you should be addressing the whole committee, not looking at one side of the room. If you address in that fashion instead of looking and indicating at one side of the committee, I think it most appropriate you do that.

**The Chair:** Mr Hope, if you have a concern, you can bring it up on a point of order.

**Mr Harnick:** Yet another important item being raised by Mr Hope.

**The Chair:** Mr Harnick, I think where we left off, you were attempting to rephrase the question.

**Mr Harnick:** I am trying. You are not happy, are you?

**The Chair:** I can tell you that your attempt, valiant as it may be, to rephrase the question is causing some concern to the Chair and to counsel that it is still addressing a particular area where the subcommittee has made a decision.

**Mr Harnick:** In that case, so I do not upset any one, I will withdraw the question. Thank you.

**The Chair:** Thank you very much, Mr Harnick. Are there any further questions? Mr Eves?

**Mr Eves:** No.

**The Chair:** Members of the government side?

**Mr Christopherson:** No, we are fine. Thank you, Mr Chair.

**The Chair:** Thank you. We are now to the official opposition.

**Mr Conway:** Mr Dodds, I have just a couple of questions that cover some ground that has already been touched upon. Subsequent to the encounter between your wife and Ms Martel on the evening of December 5 in Thunder Bay, Ms Martel has indicated to the Legislature, among other groups, that she made it all up, and she apologized profusely for her invention.

It becomes important for me to know, in the context of the meeting at which you were present along with your wife and Ms Martel and Mr Mason and others on that evening, whether the circumstances of the encounter would, to your way of thinking, as you were there and I was not—did it strike you, having been there and watching what was a pretty lively exchange of views between your wife and Ms Martel, that Ms Martel made it up?

**Mr Dodds:** My opinion is no, it was not made up.

**Mr Conway:** I take it that you would think that in part because it was a very rapid-fire conversation with both parties, your wife and Ms Martel, routinely interrupting one another?

**Mr Dodds:** Could you repeat what your question is in there?

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**Mr Conway:** Would I be right in thinking that one of the reasons you might not think it was made up is that there were not long pauses in this conversation, that in fact your wife and Ms Martel were engaged in a rapid-fire discussion, with both sides interrupting the other routinely?

**Mr Dodds:** That is true, there were a lot of interruptions between the two main parties speaking, my wife and the minister. Once again, to answer your question, no, I did not have the impression it was made up.

**Mr Conway:** There were not long pauses in Ms Martel's responses to your wife's several observations about issues before the group?

**Mr Dodds:** No, I do not recall any long pauses.

**Mr Conway:** It is also interesting to me that you seem to recall that on more than one occasion Ms Martel made reference to having seen the file or files.

**Mr Dodds:** The comment I remember most clearly is the fact that we would not feel sympathy for the doctor had we seen the file, and I do believe that was mentioned several times.

**Mr Conway:** That is fine, thank you, Mr Chair.

**The Chair:** Thank you very much, Mr Conway. If there are no further questions, thank you very much, Mr Dodds.

**Mr Dodds:** Thank you.

LARRY COREA

**The Chair:** I would now like to call Mr Larry Corea forward. Good afternoon, Mr Corea. As has been done with previous witnesses, an oath has been administered by the clerk. I would like to invite the clerk to administer the oath to you at this particular point in time.

Larry Corea, affirmed.

**The Chair:** Mr Corea, for the members of the committee and for Hansard, could you introduce the individuals to your right?

**Mr Corea:** Yes. On my immediate right is Mr Paul Cavalluzzo, and to his right Kate Hughes, both with the firm of Cavalluzzo, Hayes and Shilton.

**The Chair:** Thank you very much. Mr Corea, prior to counsel to this committee entering into questions with you, I would like to indicate to you that in the event you are asked a question which you cannot properly answer without divulging confidential information, I would ask you to please immediately advise the committee of this; if there is no way in which you can answer the question without disclosing such information, then this matter may be addressed in an in camera proceeding. I give this warning to you with your counsel present in the event that a question and response does require the divulging of confidential information.

At this point, I invite Ms Jackson to commence questioning.

**Ms Jackson:** Thank you, Mr Chairman. Mr Corea, sir, I understand that you occupy the position of coordinator of customer services in the office of the Minister of Health.

**Mr Corea:** That is correct.

**Ms Jackson:** And that you have occupied that position since August 1991.

**Mr Corea:** Yes, August 23, I believe, was the first day.

**Ms Jackson:** Mr Corea, you have been good enough to provide me with a copy of your curriculum vitae. I would ask that the clerk distribute that to members of the



committee and, Mr Chairman, if we might, that we mark that as the next exhibit.

**The Chair:** That will be marked as exhibit 47.

**Ms Jackson:** While that is being done, Mr Corea, let me review with you some of the elements of your history that I am sure you will recall. You obtained, as I understand it, your degree in sociology from Queen's University in 1976.

**Mr Corea:** Yes, that is correct.

**Ms Jackson:** And a master's of social work from Carleton University in 1979.

**Mr Corea:** That is correct.

**Ms Jackson:** Thereafter, you worked variously at the children's aid society as a teacher, as a researcher and as a consultant.

**Mr Corea:** That is correct.

**Ms Jackson:** Prior to August 1991, I understand you were not and had not been employed by the Ministry of Health.

**Mr Corea:** No, not directly employed. I had worked under contracts which had been with the Ministry of Health but I was not directly employed.

**Ms Jackson:** In the context of your work as a consultant.

**Mr Corea:** That is correct.

**Ms Jackson:** Your position in the minister's office, as I understand it, is as a member of what is known as the ministerial staff, as opposed to the civil service.

**Mr Corea:** That is correct.

**Ms Jackson:** Is that sometimes called the political staff of the minister's office?

**Mr Corea:** I believe that is how it is referred to as well, that "political staff" is another terminology for it.

**Ms Jackson:** In addition to yourself, who is involved with respect to customer services in the minister's office?

**Mr Corea:** That was a relatively new unit that was established when I came to the minister's office; there are two other what are known as general assistants working in that, Marie Lorenzo and Catherine Gregoris.

**Ms Jackson:** What is the nature of your responsibility as the coordinator of customer services?

**Mr Corea:** A minister's office receives a lot of telephone calls, a lot of inquiries of various sorts, individuals dropping in as well as sending letters and wanting to meet with the minister, wanting to resolve various problems they are experiencing. There are a wide range of individuals, organizations and members of Parliament who are contacting the minister's office to seek resolutions of a variety of problems they have or are experiencing.

The role there is really to attempt to provide them with reasonable information in an efficient manner and to be responsive to the inquiries that are placed before the minister on a very ongoing basis.

**Ms Jackson:** So the heart of your responsibility is essentially the provision of information?

**Mr Corea:** That is largely the role we play.

**Ms Jackson:** That would include providing information to members of the public?

**Mr Corea:** Yes.

**Ms Jackson:** And to MPPs?

**Mr Corea:** Yes.

**Ms Jackson:** And to other ministers?

**Mr Corea:** To other ministers, both at the federal and provincial level. Periodically, we would get calls from other provinces as well.

**Ms Jackson:** And sometimes to members of other ministers' staff as well?

**Mr Corea:** Yes.

**Ms Jackson:** What determines when an information request comes in whether it goes to you, Mr Corea?

**Mr Corea:** I would like to say that there was a definite system in place there, but we were trying to assemble that. Quite often within a minister's office, being such a busy and somewhat chaotic place, the requests coming in may go directly to a policy assistant also within the minister's office, working on a particular area. For example, registered health professions acts were a topic of considerable interest in the fall and there was a special assistant as well as a legislative assistant dealing with that. The majority of times, those requests would be passed right through to them. If there was sort of an ill-defined request, one that could not clearly be passed through, that would have moved in my direction.

**Ms Jackson:** So if somebody is already dealing with the topic, you act in a sense as a clearinghouse, and if somebody is not, you may take responsibility for it.

**Mr Corea:** Yes. We tried that system as being preferable. I am not suggesting it was always operative but that was—

**Ms Jackson:** Are there any kinds of information requests that are, by their nature, ones that do not go to you?  
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**Mr Corea:** By and large, no—well, unless they are information requests directed to a specific person; if they were directed to the executive assistant to the minister or to another individual, then they would tend go through me.

**Ms Jackson:** If they were not already directed to somebody else.

**Mr Corea:** Yes.

**Ms Jackson:** I am going to ask you to help the committee understand where you fit in organizational terms and also in physical terms in the minister's office. Dealing first of all organizationally, we have heard the name Susan Colley as being associated with the minister's office. What is her position?

**Mr Corea:** She is the executive assistant to the minister.

**Ms Jackson:** Would she be senior to you?

**Mr Corea:** Yes, she would. She would be the most senior staff within the minister's office.

**Ms Jackson:** Do you report to her, in effect?

**Mr Corea:** Yes.

**Ms Jackson:** Is there anybody else you report to?



**Mr Corea:** No. Basically all the policy assistants, special assistants, report to the executive assistant.

**Ms Jackson:** So the other assistants are dealing with other areas of responsibility and they all are channelled through Susan Colley.

**Mr Corea:** Yes.

**Ms Jackson:** Do you ever report directly to the minister on things?

**Mr Corea:** Report? I talk directly with the minister on issues periodically. Reporting in the sense of an organizational or line reporting, not directly; it would go through Susan Colley. But dealing directly with the minister, if she asks a question, would be part of my responsibilities.

**Ms Jackson:** So if you are dealing in an area where she needs information that you have, you would talk to her directly.

**Mr Corea:** Yes.

**Ms Jackson:** In terms of physical location, as I understand it, your office is located on the same floor and quite close to both Susan Colley and the minister.

**Mr Corea:** That would be correct, yes.

**Ms Jackson:** And it is on the same floor and quite close to the deputy minister, whose office is more or less adjacent to the minister's.

**Mr Corea:** Yes.

**Ms Jackson:** And the other assistants who work in the minister's office are all on the same floor, are they?

**Mr Corea:** At the time in November—

**Ms Jackson:** In October, November and December 1991, would that have been true?

**Mr Corea:** Yes, that is true.

**Ms Jackson:** All right. Now, I want to get your understanding—again, I am going back to this period of October–November 1991 in particular rather than now—what you understood then about personal information as it was used within the ministry. First of all, when you joined the minister's office were you given any training on Freedom of Information and Protection of Privacy Act matters?

**Mr Corea:** No formal training as such. It was a matter that Susan Colley and I discussed. It drew on my previous experience and acquaintance with the freedom of information and protection of privacy provisions that often relate to consulting work and the collection of information from individuals. There was no formal training—

**Ms Jackson:** I am sorry, there was no—

**Mr Corea:** There was no formal training in the sense of sitting down with someone charged with the responsibility of freedom of information and protection of privacy, but there was at least one discussion with Susan Colley in which we reviewed the mechanisms to protect personal privacy in the minister's office.

**Ms Jackson:** I will come back to that in a minute. As I understand, I think you can also confirm for the committee that there is not a formal manual or set of procedures written in writing or anything of that sort to assist someone

in your position as to what you can and cannot do with personal information?

**Mr Corea:** That is correct.

**Ms Jackson:** As a result of your conversation with Susan Colley and whatever else you may have known, what, when you began your position and in October and November 1991, did you understand to be encompassed by the concept of "personal information," as that term is used in the context of freedom of information?

**Mr Corea:** Really, personal information is information that allows individuals to be identified and that deals with areas of their life they have not themselves divulged. If they have agreed to information being shared and know the purposes for which that information is being shared, then it is no longer treated as personal information. But information such as income, one's personal preferences, I would treat as personal information.

**Ms Jackson:** What was your understanding of the circumstances in which you could request from within the ministry personal information?

**Mr Corea:** First of all, I appreciated that my need for personal information was rather limited. The most frequent way in which we would encounter matters of personal information would really be someone phoning in with a complaint about a hospital or about some services they felt they should have gotten but did not. They may be phoning on behalf of someone else. A typical example would be that their parent was in hospital and not receiving treatment they felt he needed. What we attempted to do was either pass the request directly through to the ministry, or, if it was really required, to get a signed consent to be able to discuss a third party's concerns or issues and details about their own personal life that would be associated with those concerns or issues.

**Ms Jackson:** Apart from circumstances where you are dealing with a request for information, either by somebody who is requesting their own personal information or someone who is requesting that on behalf of the person, did you ever have occasion prior to November 1991 to consider under what other circumstances you might be entitled to request personal information from within the ministry?

**Mr Corea:** No, I cannot say that I did have occasion.

**Ms Jackson:** So the issue simply had not come up.

**Mr Corea:** It had not come up.

**Ms Jackson:** Is it fair to say, then, that it had not been addressed by you because it had not arisen?

**Mr Corea:** That is fair.

**Ms Jackson:** Had you had occasion to consider whether information that came to you from the ministry had or had not been screened as to whether appropriate personal information was being passed on to you or not? That was a very badly worded question. Let me try it again. Had you ever had occasion to consider whether, when you were getting information, as you made requests within the ministry, that information before it came to you had been screened to determine whether or not you were getting something you should not get?



**Mr Corea:** I operated on the assumption that the information I was getting was screened. I also operated on the assumption that I would act as a further screen to that and would really examine any information I got, both for accuracy as well as whether it was confidential or of a personal nature. But directly to your question, I made the assumption that any information I got would be screened if it related to an individual and would be screened for personal and personal information removed.

**Ms Jackson:** Or that if you got the information somebody had already determined that it was appropriate for you to get it?

**Mr Corea:** Yes.

**Ms Jackson:** Let me turn to the other side of that and ask you about passing personal information on. Did you understand that there was any constraint on your ability to pass on personal information that came to you to others within the minister's office?

**Mr Corea:** Certainly I understood generally within the minister's office the need to ensure that personal information about others was kept secure and not made widely available. I understood within my reporting relationships that it was entirely within my reporting relationships to pass on that information, but not to make it widely available within the office to those who did not have a need to know.

**Ms Jackson:** But anyone who was working with you in respect of the matter on which you received personal information would be entitled to get that from you?

**Mr Corea:** Yes, that is correct.

**Ms Jackson:** And I take it, as you make reference to the reporting relationship, that in some circumstances that would certainly include Susan Colley.

**Mr Corea:** Yes.

**Ms Jackson:** And in some circumstances would include the minister?

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**Mr Corea:** In some circumstances it would include the minister. Certainly we in the minister's office take pains not to mention the names of individuals to the minister, given previous experiences that that is not necessarily relevant or helpful, because what can lodge in someone's mind can then subsequently be used. And it is not terribly relevant to the tasks of the minister to deal with that type of information.

**Ms Jackson:** So before you would pass it on to the minister, you would think long and hard about whether she needed to know it.

**Mr Corea:** Yes.

**Ms Jackson:** But if you concluded she needed to know it, you would pass it on.

**Mr Corea:** Certainly.

**Ms Jackson:** And within the area of other assistants working with the minister, if they were working with you with respect to the matter that called forth the production of personal information, you would consider it proper to pass it on to them with respect to dealing on that matter?

**Mr Corea:** Yes.

**Ms Jackson:** And as to whether the minister has a need to know and whether it gets passed on to the minister, is that your decision or is that somebody else's if you are working on the matter?

**Mr Corea:** I think it is the responsibility of everyone working in the minister's office. It is not solely my decision, but any of us who are in a position to be briefing the minister on an issue have to take that into consideration.

**Ms Jackson:** What about in respect of when you have obtained personal information in connection with a request from outside the ministry, say from another minister, say from an assistant in another minister's office; you have been asked to do something, to find out some information, and you get the information, you get personal information and you have concluded that you should have got it. Can you pass it on to that assistant in the other minister's office, or did you know?

**Mr Corea:** Sorry, can I get you to run that one through again?

**Ms Jackson:** Let me be clear about this. Again, I am taking you back to October and November of 1991.

**Mr Corea:** Right.

**Ms Jackson:** I want to know what you understood, if you had any view or understanding of this at all then. You have got an information request that has come to you, as they so often do, and you are dealing with it and you get back personal information which has been screened, and there it is, you have it. What was your understanding, if any, as to whether you could pass that on to the assistant in the other minister's office who is working on the same matter?

**Mr Corea:** Before I pass on any of that personal information to anyone else, I would want to make sure there was a consent, that they had consent to see and receive that information from the person involved.

For example—and let me take it out into that time period but another example—if someone in another office, say the office of an MPP, called with a situation of a constituent's parent, clarifying that situation within the Ministry of Health, I would not pass that information back through the other MPP's office without a consent being clearly available, even though I had received some. Because the flow of information happens one way does not mean it can happen the other way without duly signed consents.

**Ms Jackson:** That is back to the example we talked about initially where you have had a request for information come in, in essence, on behalf of the person whose personal information it is. Other than in that kind of context, as of October and November of 1991, had you ever had occasion to consider whether or not you would be permitted to pass on personal information to someone assisting another minister when the matter does not arise by reason of a request from the person whose personal information it is? Had that issue come up?

**Mr Corea:** It had not come up as an issue.

**Ms Jackson:** Did you have a view at that time as to whether you could or could not pass on such information?

**Mr Corea:** I really think the passing on of personal information needs to be treated with a lot of care and a lot



of consideration and even more hesitancy, and when in doubt, getting another opinion on that. I did not hesitate at all to get another opinion on matters when I felt they were outside of an area I was comfortable dealing with. I was relatively new to a minister's office at that point.

**Ms Jackson:** Had you ever had occasion to get another opinion or to consider yourself whether you could pass on personal information to somebody in another minister's office in the circumstances I described earlier?

**Mr Corea:** No, I had not had occasion to that point.

**Ms Jackson:** All right. Apart from any information you may have received in November 1991 with respect to Dr Donahue—and we will get to whether you did or you did not in a moment—have you ever received specific financial information concerning a particular doctor?

**Mr Corea:** No.

**Ms Jackson:** Let's turn to the fall of 1991 and the particular matter of Dr Donahue. There should, beside you, Mr Corea, be a black book of exhibits.

**Mr Corea:** Yes.

**Ms Jackson:** Could you turn up exhibit 28? Did you prepare and send that memorandum?

**Mr Corea:** Yes, I did.

**Ms Jackson:** When you prepared it and sent it, it did not have the big black mark in the middle that it now has?

**Mr Corea:** No, it did not.

**Ms Jackson:** What prompted this memorandum?

**Mr Corea:** This memorandum was prompted by one and possibly two calls from Nuala Doherty in Floyd Laughren's office raising concerns about Dr Donahue, particularly the potential closing of his practice in Sudbury.

**Ms Jackson:** In the memorandum there is reference to the fact that "he claims to be paying 14 staff." Did that information come to you from Ms Doherty?

**Mr Corea:** Yes, it did.

**Ms Jackson:** Without disclosing numbers at this point, I am going to ask about types of information. Did you have any information from Ms Doherty about Dr Donahue's wages to his staff?

**Mr Corea:** Yes, and that also came from Ms Doherty—

**Ms Jackson:** From Ms Doherty.

**Mr Corea:** From the conversation with Ms Doherty.

**Ms Jackson:** Did you have any information from Ms Doherty as to whether or not Dr Donahue was in debt?

**Mr Corea:** There was also—

**Ms Jackson:** Information of that sort?

**Mr Corea:** Information of that sort.

**Ms Jackson:** From Ms Doherty?

**Mr Corea:** From Ms Doherty.

**Ms Jackson:** At this point had you had information about Dr Donahue from any other source?

**Mr Corea:** No.

**Ms Jackson:** All right. Did you have information from Ms Doherty as to the general level of Dr Donahue's anticipated earnings and how they might compare to other doctors?

**Mr Corea:** Nothing in a comparative sense.

**Ms Jackson:** How that might compare to general practitioners, for example?

**Mr Corea:** No, I did not have a comparison mark. I knew he was a specialist, but that was all.

**Ms Jackson:** Did you ever have any other types of information from Ms Doherty other than the types we have talked about? I am asking you now, for reasons that by now you are well familiar with, to talk about types of information, not the specifics of the information.

**Mr Corea:** I am not completely clear. I had other—

**Ms Jackson:** Well, you have told the committee that you had information from Ms Doherty that he was paying 14 staff. You had some information from Ms Doherty as to the wages he would have to pay. You had some information from Ms Doherty as to whether or not Dr Donahue was in debt. Did you have any other types of information about Dr Donahue at this time?

**Mr Corea:** I believe there was some information that broke down the classification of staff that he employed, but that is all.

**Ms Jackson:** And that again came from Ms Doherty?

**Mr Corea:** Yes.

**Ms Jackson:** Do you recall considering when you got this information whether or not it was personal information in relation to Dr Donahue?

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**Mr Corea:** I do not recall specifically thinking that it was personal information. I thought this information was generally available, from the way Ms Doherty spoke, that this information was publicly available information. That came from her own discussions that Dr Donahue was indicating he would have to close his practice and had been informing his patients that closure would be required and explaining to his patients why he could no longer continue to carry on the practice.

**Ms Jackson:** And did she tell you specifically that the information about the kinds of staff he employed, his wage bills, his debt levels etc, was information that was publicly available?

**Mr Corea:** She did not tell me specifically. I understood that from the way she described the whole issue.

**Ms Jackson:** What was it about the way she described the issue that led you to conclude that information was publicly available?

**Mr Corea:** She talked about a large number of people in Sudbury aware that Dr Donahue was having to close, that he had been quite vocal about the reasons for closing and that he had been informing his patients that he was going to have to close his practice.

**Ms Jackson:** I take it that based on that understanding that the information she had given you concerning Dr Donahue was publicly available, you would not consider it to be personal information and constrained in its dissemination.

**Mr Corea:** I did not at that time, no.



**Ms Jackson:** What, at the time of this November 12, 1991, memo did you know, if anything, about a controversy in the medical community in Sudbury concerning thresholds?

**Mr Corea:** At the time I wrote this memo I knew nothing about a controversy in Sudbury concerning the thresholds, on the 12th. In the subsequent days I learned about that, but not at the time of writing this memo.

**Ms Jackson:** And apart from what Ms Doherty had told you concerning Dr Donahue in the, what, two or three telephone calls you had had—how many did you say? I am sorry.

**Mr Corea:** I cannot recall the exact number, but two or three would—

**Ms Jackson:** Over what period of time?

**Mr Corea:** I recall that there were telephone calls; at least one telephone call which precipitated this memo, but one and possibly two others in the week or week and a half preceding this.

**Ms Jackson:** Apart from the information that you got concerning who Dr Donahue was and what his issue was and so on in those conversations, did you have any other information concerning Dr Donahue when you wrote this memo, which is exhibit 28?

**Mr Corea:** No, not at all.

**Ms Jackson:** May we take it, then, that the description you give of Dr Donahue in the first part of this memorandum is taken entirely from what you learned from Ms Doherty?

**Mr Corea:** Yes.

**Ms Jackson:** At this time had you had any other requests for information concerning Dr Donahue other than the one from Nuala Doherty?

**Mr Corea:** No, I had not.

**Ms Jackson:** Did you give any thought to or make any assumptions about the fact that if Mr Laughren's office was being inundated with calls regarding Dr Donahue that other area MPPs' might be as well?

**Mr Corea:** I did not give any thought to that, actually. It betrays my ignorance of the political map. I did not look, although there is one on my wall, to see which other MPPs were adjacent to that, and that if it was an issue for Mr Laughren it would be an issue for other MPPs or the ridings adjacent to it.

**Ms Jackson:** So at the time did you know who the other MPPs were?

**Mr Corea:** No, not at the time.

**Ms Jackson:** Did you know what their political affiliation was?

**Mr Corea:** No.

**Ms Jackson:** I would like to review—ask you to take a look at the questions you asked in your memorandum and ask you what your purpose was in raising the questions you raised there, what kind of information were you seeking and for what purpose.

**Mr Corea:** The kind of information I was really seeking was to try and understand what Dr Donahue's situation really was. Was he indeed going to close his practice?

What would be the impact of that closure? Were there any other dermatologists who could assume the services? What would be the impact on area residents if dermatological services were withdrawn by Dr Donahue? It is really an attempt to understand what the impact of this would be on the services for area residents.

**Ms Jackson:** What about his situation did you want to know? You said you wanted to know what his situation was.

**Mr Corea:** Really whether he was going to close or not. There had also been within this time—the decision had been relatively recently taken around no exemptions for threshold payment, no additional exemption for threshold payment. There were exemptions on the basis of technical fees and underserved area program participation, but no individual exemptions.

**Ms Jackson:** So by this date, the ministry had decided that the power that existed under the agreement to grant discretionary exemptions by region and by specialty would not be exercised.

**Mr Corea:** That is correct.

**Ms Jackson:** I want to make that clear, because I think the evidence so far is that a decision probably was not announced by this date, but it had been made.

**Mr Corea:** Yes, it had been made.

**Ms Jackson:** All right. Within that context, what was it you wanted to know about Dr Donahue's situation?

**Mr Corea:** In making that decision, I thought there may well be situations in which, because of the state of knowledge of the practices of individual physicians, there might be some additional reason for exemption, ways in which the ministry had an obligation to continue service and find some other solution to ensure that services were continued, even if exemptions were not the only way of that occurring.

**Ms Jackson:** In order to make some determination of whether Dr Donahue was really going to close or not, did you consider that you had to know something about his financial situation?

**Mr Corea:** I did not consider that I needed to know about it. I just wanted an answer. Was Dr Donahue going to close? Somebody might need to talk directly with him about his financial situation, but it certainly was not my understanding that I needed to do that.

**Ms Jackson:** So did you consider, when asking these questions, that you were seeking that information?

**Mr Corea:** I did not consider that I was seeking financial information. I really wanted an understanding of, is Dr Donahue going to close? Are there other options here? Is there any other way that services can be maintained? If they are indeed withdrawn, then what provisions? How are we going to make sure that the residents of that area have access to dermatological services?

I guess the other question that had come up, and that is really my question 3 here, is what are the implications of dermatological services in Sudbury and area if Dr Donahue closes his operation? Will residents in the Sudbury area have suitable access?



And then the fourth one: What are the cost implications for OHIP? If northern residents were making use of the northern health travel grant program in order to travel to Toronto, for example, to receive dermatology services and at the same time the practice was closing in Sudbury, it seemed to me a legitimate line of inquiry that the ministry would not be saving any money on this whole issue and quite frankly would not be advancing its own stated direction, which was to responsibly handle the health care budget.

**Ms Jackson:** Let me focus a little bit more on the first two questions you asked, because the last two, it seems to me, are directed more to the issue you are just discussing: What is the impact on the region? The first two seem more directed towards: What is Dr Donahue's real situation? Is he likely to close or not? Do we need to help him, in effect? That is the gist of the first two.

I understand you to be saying that you did not consider that in getting answers to those questions you needed to get financial details about Dr Donahue's practice, but let me ask you this, Mr Corea. Would you agree that it would not be surprising if, having asked those questions, you did get financial information because financial information might help to answer them?

**Mr Corea:** It might not be surprising that I would get financial information on that. I still think I would be surprised to see an individual doctor's description of their billings. That level of detail I really do not need or cannot really make use of.

**Ms Jackson:** So it would surprise you because it would not be useful to you.

**Mr Corea:** Yes.

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**Ms Jackson:** Would it surprise you for any other reason?

**Mr Corea:** I think that level of detail also really raises questions around personal information, but that would not really be answering my questions as I conceived them. I am quite willing to admit that this is not great prose. This is done very quickly.

**Ms Jackson:** Understandably so. I do not mean to suggest otherwise. Can I ask you to turn to exhibit 10? I want to clarify one thing with you. I think you have really already answered this, but let me ask you specifically. I had asked you what information you had about Dr Donahue. Exhibit 10 is a broadcast that Dr Donahue made on November 8 on epilation and related issues. I take it from your earlier answer that you were not aware of this broadcast, at least before November 12.

**Mr Corea:** No, I would not have seen this before November 12. I have seen this, but I cannot recall the date on which I saw this. By November 12? I do not—

**Ms Jackson:** Would it be fair to assume that you would have seen it some time in the November 1991 period?

**Mr Corea:** Yes.

**Ms Jackson:** Just in the ordinary course of receiving reports on media?

**Mr Corea:** Yes.

**Ms Jackson:** As a result of that, you would have learned that Dr Donahue had some involvement with respect to epilation.

**Mr Corea:** Yes, and also just by the description I had received from Nuala Doherty, an understanding that Dr Donahue was a dermatologist. The number of staff, in my own mind, had raised the issue of whether epilation was not a portion of his practice.

**Ms Jackson:** That would be because that kind of activity is traditionally delegated to staff, is it? Why are you linking epilation to the number of staff?

**Mr Corea:** My understanding is that it often was a delegated act, that physicians would employ a number of technicians or other allied health care professionals to conduct epilation.

**Ms Jackson:** Could you then turn to exhibit 11, which is another broadcast Dr Donahue did on November 13, in which he says perhaps yet again that he is going to close his office. Did you become aware of that broadcast on or around November 13?

**Mr Corea:** Yes, I did.

**Ms Jackson:** So this one came to you faster than the November 8 one?

**Mr Corea:** I am not sure of the sequence in there, but I believe this MediaReach was requested—not by me, but had been requested and came up as part of the regular package of clippings that is distributed in the ministry.

**Ms Jackson:** On that day?

**Mr Corea:** I cannot recall. I do not know whether it was on that day.

**Ms Jackson:** Did this broadcast figure at all in your—I guess it could not have figured in your attempts to get information on November 12.

**Mr Corea:** No.

**Ms Jackson:** Did it in any way change the urgency of your request to get information concerning Dr Donahue or the type of information you were trying to get?

**Mr Corea:** No, it did not have any impact. If at all, I registered that it was about Dr Donahue and this was also a doctor who had sent a request. I was aware that there was a MediaReach document on it, but it did not change or affect anything.

**Ms Jackson:** You have provided to me—and I will ask the clerk to distribute it to you and members of the committee—an announcement of the closing of Dr Donahue's clinic, which I understand you received that morning.

**The Chair:** That will be marked as exhibit 48.

**Ms Jackson:** Just looking at the various telecopy lines on the top of these documents, what we have, Mr Corea, is an announcement of office closure by Dr Donahue to his patients, which appears to have come on November 12, 1991, at 17:12 from Laughren, MPP, and then above that there is an indication, I think, that it has come from the Treasurer's office at 10:54 am on the 13th. It appears from that that it came to you from the Treasurer's office at about



11 o'clock in the morning on the 13th. Does that accord with your recollection?

**Mr Corea:** Certainly that accords with the lines on top, and I recall receiving this on the 13th. The exact time of it—faxes may sit beside the fax machine for some time before they actually get to me.

**Ms Jackson:** And the note on it from Ms Doherty is: "Larry, can you give me a call when you get in." Do you recall if you did?

**Mr Corea:** I recall returning her telephone call and talking with her briefly indicating that I had sent off a request to Dr LeBlanc but that I had not received any further information back on it.

**Ms Jackson:** All right. You have provided to me a copy of a memo from Betty Notar to Susan Colley and copied to you and Ms Doherty of the same day, and I would ask that that be distributed and marked as the next exhibit, which might be, Mr Chairman, exhibit 49?

**The Chair:** Correct.

**Ms Jackson:** And when you get that in front of you, Mr Corea, I will ask you about that. Now, Mr Corea, in the middle of the first paragraph there is a white spot where reference to some aspects of Dr Donahue's financial situation that were in the memo have been removed, but with that one change did you receive a copy of this memo without that deletion some time on the 13th?

**Mr Corea:** Yes, I did. Yes, I believe it was on the 13th that I received a copy of this.

**Ms Jackson:** Who is Betty Notar?

**Mr Corea:** Betty Notar is the executive assistant to Mr Laughren.

**Ms Jackson:** So is she the counterpart of Susan Colley in Mr Laughren's office?

**Mr Corea:** Yes, she is.

**Ms Jackson:** And therefore higher in the hierarchy than Ms Doherty?

**Mr Corea:** Yes.

**Ms Jackson:** Is this, in effect, applying a little more pressure to get what has already been requested?

**Mr Corea:** I certainly interpreted it as an additional or a reinforcement of that request.

**Ms Jackson:** I do not think I asked you this before. Do you know what Ms Doherty's role in the Treasurer's office is?

**Mr Corea:** I do, from memos I received at that time. Constituency liaison, I think, is her title.

**Ms Jackson:** Did you talk to Miss Notar in or around the time you got this memorandum?

**Mr Corea:** No, I have never talked with Betty Notar.

**Ms Jackson:** Do you know where the information concerning Dr Donahue that is contained in this memorandum came from?

**Mr Cavalluzzo:** Are you talking about just the portion that is whited out or—

**Ms Jackson:** No, I mean the first paragraph.

**Mr Corea:** This information is substantially the same as the information that Ms Doherty indicated to me, so I assume it came from Ms Doherty, but I do not have any direct knowledge on that.

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**Ms Jackson:** In the second paragraph there is a request for "briefing notes on Dr Donahue's actual position." I take it that would be understood to be briefing notes for Mr Laughren?

**Mr Corea:** Yes.

**Ms Jackson:** Or for use within his office, in any event.

**Mr Corea:** Yes.

**Ms Jackson:** What did you understand by the reference to "Dr Donahue's actual position"? What kind of information did you understand they wanted?

**Mr Corea:** I understood that to be, again, a confirmation of, is it really likely he is going to close or are there some other possibilities that are under consideration that would affect his decision to close?

**Ms Jackson:** "Notes on Dr Donahue's actual position," though, might well include his actual financial position.

**Mr Corea:** I am not sure how to respond to that. I did not take that to mean his actual financial position when I read this.

**Ms Jackson:** And I understood that you did say that. I guess my question is by way of saying, do you not agree that a fair reading of it might well lead to the conclusion that what was being requested was details of Dr Donahue's actual financial position?

**Mr Corea:** No, I do not agree that one would move to an actual financial position on that or details of his financial practice.

**Ms Jackson:** Why not?

**Mr Corea:** I find that level of detail, that request for a level of detail—I am just not familiar with other offices requesting that type of detail, and at this time, as I am dealing with this memo, it would have been beyond my experience in the ministry at that point.

**Ms Jackson:** I take it, as you did not talk to Ms Notar, there was no conversation to find out what in fact was meant by the words "actual position"?

**Mr Corea:** No, there was none.

**Ms Jackson:** When you received this memorandum, did it lead you to conclude that you needed any other information or anything else beyond what you had already requested?

**Mr Corea:** No, I did not. I thought the questions I had scripted were a legitimate request for information that covered this, and that really what was asked for here was urgency.

**Ms Jackson:** Did you have any view at the time as to whether the requests in this memo were appropriate requests to direct to you?

**Mr Corea:** First of all, they are not directed to me. I am copied on them, but the request for briefing materials



for either another minister or MPP is a fairly frequent occurrence and it comes from various sources. It can be a request for briefing material because an MPP is returning to their constituency and some event is taking place and they want to understand more about that event and have something they can respond to reasonably and say to their constituency in a knowledgeable way.

**Ms Jackson:** You make the point that it is not directed to you, that you are copied on it.

**Mr Corea:** Yes.

**Ms Jackson:** I guess I am guilty of making the assumption that you are copied on it because it is known in the Treasurer's office that you are the person who is really pursuing this.

**Mr Corea:** Yes.

**Ms Jackson:** What this appears to be is an effort to turn up the heat on the pursuit. Is that fair?

**Mr Corea:** That is fair.

**Ms Jackson:** Did it have that effect?

**Mr Corea:** Well, it had an effect on me, but it did not increase the speed with which the information came back. I think at most I made a telephone call to Dr LeBlanc attempting to find out when the information would be available. But part of my job seemed at that time to be able to take a fair amount of that pressure.

**Ms Jackson:** You said it had an effect on you, but it did not speed it up. Did it have an effect on you other than causing you to call Dr LeBlanc?

**Mr Corea:** No, just to call Dr LeBlanc. I was mildly annoyed; I think that was about it.

**Ms Jackson:** And when you called Dr LeBlanc, did you speak to him?

**Mr Corea:** No, I did not get him. He was not available on the 13th.

**Ms Jackson:** Did you speak to anyone in his office?

**Mr Corea:** I believe that I spoke to Diane McArthur on that day. I had not spoken to her before, but I think the call was bumped to Diane McArthur, who works with Dr LeBlanc.

**Ms Jackson:** What was said in that conversation?

**Mr Corea:** I do not remember the specifics of the conversation other than just a request: "I had sent a request to Dr LeBlanc on the 12th. Has any material become available for that?"

**Ms Jackson:** And had any?

**Mr Corea:** No.

**Ms Jackson:** It is fair that the heat having been turned up on you, you were trying to turn up the heat down the line?

**Mr Corea:** Yes.

**Ms Jackson:** Could you look at exhibit 29?

**Mr Corea:** Yes.

**Ms Jackson:** You received a copy of that memorandum.

**Mr Corea:** Yes, I am copied on that. It was actually sent to me along with Dr LeBlanc and Mr Decter.

**Ms Jackson:** Was this memorandum prompted by exhibit 49 or by something in addition, or do you know?

**Mr Corea:** I have always made the assumption that it was prompted by exhibit 49.

**Ms Jackson:** Is that your recollection?

**Mr Corea:** Yes.

**Ms Jackson:** Did the receipt of this memorandum make the matter of any greater concern to you?

**Mr Corea:** I am not sure at what time during the day I did actually read these. These interoffice memorandums are time-dated. They are not dated at the time I read them; they are dated at the time of their creation. It is not unusual for 30 or 40 of them to pile up on my system and not be attended to immediately.

**Ms Jackson:** But would they ordinarily be attended to before the end of the day, in any event?

**Mr Corea:** No, not ordinarily—or not necessarily. I have actually found that I can use my home computer to log in and deal with some of these later on at night, so sometimes they are not dealt with until the next day. There is no standard by which I am operating on those other than attempting to deal with them as quickly as possible.

**Ms Jackson:** I take it from what you say that it is likely that at least by the end of the day, including the time you have used at home, you would have seen this e-mail.

**Mr Corea:** It is likely, yes.

**Ms Jackson:** Having received the e-mail, does the matter that was being raised with respect to Dr Donahue become of greater concern?

**Mr Corea:** No. Though this one comes from Sue Colley, my assumption is that I have made the necessary request, that this memo really just reinforces my request.

**Ms Jackson:** So this memo did not have any additional effect on you?

**Mr Corea:** No, not on me. I thought it reinforced the request and that the request was no longer just one request but was an additional request for information.

**Ms Jackson:** Ms Colley picks up the request for "briefing notes on Dr Donahue's actual position," so we know that language got transmitted on down the line. Did you have any conversation with her as to what she meant or thought they meant by a reference to "briefing notes on...actual position"?

**Mr Corea:** I recall a very brief and passing conversation with her. We did not talk about actual position, but more the need for briefing notes to be made available for Mr Laughren. But it was, as many of the conversations in a minister's office happen, very quickly and in passing.

**Ms Jackson:** Did you have any conversation about the content of those briefing notes?

**Mr Corea:** No.

**Ms Jackson:** She indicates that the briefing notes should be "on Dr Donahue's actual position" and she wants as well "a political response" or that the Treasurer wants "a political response from the Ministry of Health." What did you understand by the words "a political response"?



**Mr Corea:** I really understood that to mean, how does this fit into the overall efforts of the government? The government clearly is not in the position of withdrawing services to residents of Ontario but is also at the same time attempting to manage and deal with its own financial situation. I understood "a political response" to be integrating those two: How can you preserve and ensure that services are delivered and yet deal with the overall financial situation?

1520

**Ms Jackson:** She indicates as well that this might fit within one of what she calls the "creative scenarios" the minister asked for. Do you know what the reference is to "creative scenarios"?

**Mr Corea:** No, I do not. It is not clear to me. I know it is linked in that sentence to the minister's policy meeting, and I believe I was at that meeting, but it does not register what "creative scenarios" means to me.

**Ms Jackson:** Do you recall if whenever you got to reading this e-mail you had received any information at all in response to your request for information on Dr Donahue?

**Mr Corea:** I had not.

**Ms Jackson:** Did you get any information at all on Dr Donahue at any point during November 13 irrespective of when you read this e-mail?

**Mr Corea:** No.

**Ms Jackson:** I take it that through this period—did Ms Doherty continue to contact you in an attempt to get the information?

**Mr Corea:** I think there was a stirring round of telephone tag going on throughout this whole period of time. I do not recall the number of requests back and forth.

**Ms Jackson:** At some point in this piece I understand you started to receive contacts from other offices of members who were interested in this issue.

**Mr Corea:** Yes. I received a telephone call within—I do not believe it was on the 13th; more likely the 14th or 15th that again a series of calls were directed to me from David Sword in Ms Martel's office.

**Ms Jackson:** Had you met David Sword?

**Mr Corea:** No.

**Ms Jackson:** Who did you understand him to be? What was his position?

**Mr Corea:** At that time I did not understand—until I was able to contact him again, which I do not believe was until the 15th, I understood him to be on the minister's staff, no designation within that as such.

**Ms Jackson:** When you spoke to him, whenever that was, on the 13th or the 14th or the 15th, what did he ask for?

**Mr Corea:** My recollection is that he was essentially indicating he had also heard there was a possibility of Dr Donahue closing his practice. What he was also trying to understand was what was this threshold business about, how did that relate to the ministry's overall plans? There was a lot of explanation of the nature of the threshold and the OMA agreement, and possibly discussion about electrolysis and that issue, because electrolysis was being delisted.

The decision had been announced some time before but was becoming effective November 14 or 15.

**Ms Jackson:** In the course of this conversation did he provide you with any information about Dr Donahue?

**Mr Corea:** No.

**Ms Jackson:** Did he appear to have any information about Dr Donahue, other than that he had announced he was closing his office?

**Mr Corea:** No.

**Mr Jackson:** You have already told us that you had received some information from Ms Doherty that you understand to be in the public domain concerning Dr Donahue.

**Mr Corea:** Yes.

**Ms Jackson:** Did you pass that information on to David Sword?

**Mr Corea:** I cannot recall. To the best of my recollection I did not pass that information on to David Sword.

**Ms Jackson:** Given your understanding that it was in the public domain, I assume you did not see any problem with your passing it on to David Sword.

**Mr Corea:** No.

**Ms Jackson:** It is possible, then, that you did?

**Mr Corea:** It is possible.

**Ms Jackson:** I understand you to say you have no recollection of having done so.

**Mr Corea:** I have searched my memory but I cannot remember distinctly talking about those figures with Mr Sword.

**Ms Jackson:** Did you have any contact during this period of November 13, 14, 15 or in that area from Sharon Murdock's office?

**Mr Corea:** No.

**Ms Jackson:** Did you, at any time in November, have any contact with anyone from Sharon Murdock's office?

**Mr Corea:** Somewhat later I met someone from Ms Murdock's staff, Alan Ernst. I am not sure of the day but it would be towards I believe in the week of December 2. He attended a meeting with Mr Sword and Ms Doherty and others in preparation for the December 5 meeting.

**Ms Jackson:** Let me take you to the morning of November 14. Were you by that time aware of any other requests for information concerning Dr Donahue within the ministry or from outside, apart from the ones you had had from—you had had requests from Mr Laughren's office, reinforced by Ms Notar, reinforced by Ms Colley, and there is the possibility, I take it from your evidence, that you spoke to David Sword then but likely a little later.

**Mr Corea:** That is correct.

**Ms Jackson:** Any other requests for information concerning Dr Donahue?

**Mr Corea:** I was not aware of any other requests for information.

**Ms Jackson:** We have heard some evidence that there is something within the ministry called a "contentious issues meeting" in the morning.

**Mr Corea:** Right.



**Ms Jackson:** You are familiar with that?

**Mr Corea:** Yes.

**Ms Jackson:** If the issue had come up in the contentious issues meeting, would you have heard about it necessarily?

**Mr Corea:** Possibly but not necessarily. After the contentious issues meetings there is usually a meeting in the minister's office to discuss what items have been of ongoing concern and also have been raised in the press, and what MediaReach transcripts have been requested and what briefings have been requested. Attendance at those meetings is not obligatory but everyone tries to attend that. Whether Dr Donahue's name came up at one of those, I cannot remember.

**Ms Jackson:** There is some indicating in the evidence the committee has heard already that during the course of the 13th the existence of the broadcast by Dr Donahue generated additional interest in finding out something about Dr Donahue. Did you hear any of that?

**Mr Corea:** I cannot remember distinctly hearing anything about that. If it was raised at the contentious issues meetings and reported subsequently, I may or may not have been in attendance.

**Ms Jackson:** I understand that on the morning of November 14 you did receive a document that contained information concerning Dr Donahue?

**Mr Corea:** Yes.

**Ms Jackson:** When?

**Mr Corea:** I do not have a log of the time at which I received it. To the best of my recollection it is somewhere between midmorning and noon.

**Ms Jackson:** Where or from whom did you receive it?

**Mr Corea:** Can I preface my remark by indicating that from December 8 through until December 29 I was on holiday out of the country. My recollections of events around the 12th, 13th, 14th and 15th and on through November is really a recollection somewhat further back in time, so I am not certain whether the document was handed to me directly or left on my chair. Both of these are distinctly possible situations given that people are continually passing information and documents to me and that sometimes leaving them on the chair is seen as a way of—

**Ms Jackson:** Drawing it to your attention?

**Mr Corea:** Drawing it to my attention or separating it from the other piles of paper.

**Ms Jackson:** So somebody might have handed it to you or somebody put it on your chair, you do not recall which?

**Mr Corea:** I cannot clearly recall.

**Ms Jackson:** The impression I get from that is that you are fairly sure it did not come just through interoffice mail but beyond that cannot say?

**Mr Corea:** I am sure it would not have come through interoffice mail because that would have been encased in a brown envelope, typically a large envelope. With that information, those are just placed in my office.

1530

**Ms Jackson:** And it did not come in with any other regular mail that day.

**Mr Corea:** No, it did not.

**Ms Jackson:** It was specially delivered in some fashion, but you do not know how.

**Mr Corea:** No, and it was a hard copy. It was not sent to me through the electronic mail system.

**Ms Jackson:** I am going to ask you quite specifically about your recollection of what you got and so on, but just before I do that I want to assist the committee in knowing what steps you have taken to refresh your recollection or otherwise. I understand that in the last few days you have had occasion to discuss your recollection of these events with Diane McArthur.

**Mr Corea:** Yes. My recollection not so much; her recollection, but not mine.

**Ms Jackson:** When did you do that?

**Mr Corea:** Diane indicated that she might be appearing before the committee and just wanted to tell me what she would be saying.

**Ms Jackson:** And she did tell you that.

**Mr Corea:** Yes.

**Ms Jackson:** What did she tell you about the delivery of this document?

**Mr Corea:** She told me that she actually had delivered it by hand to me.

**Ms Jackson:** What else did she tell you?

**Mr Corea:** She told me that the document was several pages in length, that it was blacked out, that she had blacked it out and that she had requested it back later that same day. That was the basic—

**Ms Jackson:** I understand that you have as well discussed your recollection of these events or had a conversation about these events in the last few days with Dr LeBlanc.

**Mr Corea:** Yes, that is correct.

**Ms Jackson:** When was that?

**Mr Corea:** That would have been Thursday.

**Ms Jackson:** Why did you have that conversation?

**Mr Corea:** Again, Dr LeBlanc initiated it and just indicated what he would be saying to the committee.

**Ms Jackson:** And what did he tell you?

**Mr Corea:** That he recalled that the documents had been brought to me by Diane McArthur and he recalled that I had returned it to his office.

**Ms Jackson:** I understand as well that you have had occasion to discuss your recollection of these events with a Mr Dee.

**Mr Corea:** Yes.

**Ms Jackson:** Can you tell the committee who Mr Dee is?

**Mr Corea:** Garth Dee, I understand, is on the staff of Mr Cooke.

**Ms Jackson:** The NDP House leader.

**Mr Corea:** The House leader.

**Ms Jackson:** When did you have this conversation with Mr Dee?

**Mr Corea:** I do not recall the specific date on that. It was within the last three weeks.

**Ms Jackson:** Why did you have a conversation with Mr Dee about these events?

**Mr Corea:** I was asked to go through my recollection of events with Mr Dee.

**Ms Jackson:** And did he take notes of your recollection?

**Mr Corea:** During our conversation he was typing on to a computer, and therefore I am assuming that what he was typing were notes of my—I did not see any copy.

**Ms Jackson:** You have not been given a copy of the notes.

**Mr Corea:** No.

**Ms Jackson:** Were you told anything in that interview about what other people had said of these events?

**Mr Corea:** No, not at all.

**Ms Jackson:** Apart from those three occasions, have you had occasion to discuss your evidence on the matters you are testifying to today with anyone other than your counsel and with me and members of my office?

**Mr Corea:** I have talked with Susan Colley. It was Susan Colley who informed me of the events that had taken place after December 8 when I left the country. As soon as I returned on the 29th I had a message to contact her, which I did, and she described in general terms the events from when I left through to when I returned, and also asked whether I had received any documents. She referenced them as—she asked whether I had received a memo. I indicated that I could not recall it being a memo but that there was a document that was given to me and which I returned.

**Ms Jackson:** You have said you received this document. Can you tell the committee first of all what your recollection is, if any, as to how many pages there were in the document?

**Mr Corea:** My recollection on the whole document is quite vague. I do not recall it being an interoffice memorandum; by that I mean that if you look at exhibit 29 you will see a standard heading on that interoffice memorandum which gives a time and date and to whom it is directed. I do not recall it having that structure. I recall it being more than one page and very limited amounts of information I recall about this document; a couple of phrases and virtually that is it.

**Ms Jackson:** Did you recall to whom the document related?

**Mr Corea:** Yes.

**Ms Jackson:** To whom did it relate?

**Mr Corea:** I took it to relate to Dr Donahue. I do not recall seeing the words “Dr Donahue” on this document, but I understood it to relate to Dr Donahue.

**Ms Jackson:** Do you recall the kinds of information about Dr Donahue it contained? Again, I am here seeking kinds, not specifics.

**Mr Corea:** It is difficult to answer because I only remember a few phrases on the document. To characterize them I would have to say that it related to his practice, categorized his practice.

**Ms Jackson:** As in the types of services he did?

**Mr Corea:** Yes.

**Ms Jackson:** Do you recall it having any reference to the level of his billings?

**Mr Corea:** No, I do not recall the level of his billings.

**Ms Jackson:** Do you recall any reference to the percentages of different kinds of work he did?

**Mr Corea:** Yes, I recall a reference to a percentage.

**Ms Jackson:** Do you recall any reference to dollar numbers at all?

**Mr Corea:** No, I do not recall.

**Ms Jackson:** Do you recall any reference to a patient in the document?

**Mr Corea:** No, not at all.

**Ms Jackson:** You said you do not recall it—well, let me ask you this in fact. I do not know if there is in front of you, and if there is not I will ask the clerk to give you a copy of exhibit 44, which is an edited version of an e-mail which has been marked “in camera” in these proceedings.

**The Chair:** The clerk will come to assist.

**Clerk of the Committee:** Yes, he does have exhibit 44.

**Ms Jackson:** Let's try to do this this way. Mr Corea, you attended in my office on Sunday.

**Mr Corea:** Yes.

**Ms Jackson:** And I showed you an e-mail that had been marked “in camera” in these proceedings.

**Mr Corea:** Yes.

**Ms Jackson:** From the time you saw this document on the 14th and, as we will hear, returned it, until I showed you the document I showed you on Sunday, had you ever, to your recollection, seen again the document you received on the 14th and that you have been describing?

**Mr Corea:** Can I get that again, just so—I lost the train of your thought.

**Ms Jackson:** Have you seen the document that you have described in your evidence just in the last few minutes, at any time after November 14 and before this past weekend?

**Mr Corea:** I have not seen the document that I saw on the 14th since then. You have shown me a document that you say is the document I saw, but I do not—

**Ms Jackson:** I am about to ask you about whether it is or it is not. I apologize for the fact that this is a little convoluted, for reasons that are well known to you. The document that is now before you is an edited version of the document I showed you on Sunday.

**Mr Corea:** Yes.

**Ms Jackson:** Are you able to tell the committee whether the document you are now looking at, which is an edited version of the document you saw on Sunday, is or is not the document you were given on November 14?



**Mr Corea:** No, I am not, because I cannot recall beyond the few phrases, and my memory of that document is very limited. It was in my possession for a very short period of time and I did not study it, and my understanding from leaving a subsequent meeting was that the best thing to do would be to forget the information in that document.

1540

**Ms Jackson:** I am going to take you through the steps of the rest of the day, but I understand you to be saying that the document you received on the 14th might be this document or it might not, you cannot say.

**Mr Corea:** Right.

**Ms Jackson:** I neglected to ask you, and you will see in the edited version of exhibit 44, that there is a reference to Dr Donahue being on the underserviced area program and therefore exempt from the threshold until August 31. Do you recall learning that on about November 14?

**Mr Corea:** On or about—I do not recall learning it on the 13th, but at some point in there I was made aware that Dr Donahue had been on the underserviced area program.

**Ms Jackson:** Is it possible that you learned that from the document that was left in your office?

**Mr Corea:** It is possible, and it is possible that I learned it in conversation.

**Ms Jackson:** There is a heading here that says: "Practice Features/Other Information" and most of that is edited out, but let me ask you if you recall whether the document you saw contained any summary of or commentary on Dr Donahue's practice.

**Mr Corea:** I cannot recall.

**Mr Jackson:** When you first saw this document some time midmorning to noon, what did you do with it?

**Mr Corea:** I looked over it briefly and set it aside to be dealt with at a later point. There are any number of issues and there were any number of issues I was trying to resolve and deal with at that time. Because this document had appeared, it does not mean I was going to deal with it at that particular moment. I briefly looked over it and set it aside.

**Ms Jackson:** When you looked at it, however briefly, did you form any view as to whether or not it was proper for you to have the information in it?

**Mr Corea:** No, I did not form any view at that time.

**Ms Jackson:** From what you said earlier you would assume that something coming to you had been properly screened?

**Mr Corea:** Yes.

**Ms Jackson:** Is it fair that if you addressed your mind to it you would have assumed that this had been properly screened?

**Mr Corea:** It is fair.

**Ms Jackson:** But you did not address your mind to it.

**Mr Corea:** No, I did not.

**Ms Jackson:** Did you then discuss the document with anyone?

**Mr Corea:** No.

**Ms Jackson:** Now, you have indicated that Diane McArthur told you she had a recollection of calling you with respect to the document and saying something about it. You have no recollection of that?

**Mr Corea:** I have a recollection of her calling me and asking me to do something with the document, but not of discussing it or discussing the contents of that document with her.

**Ms Jackson:** All right. What did she ask you to do with the document?

**Mr Corea:** My recollection is that she asked me to destroy this document and mentioned that Dr MacMillan was concerned that this information was available.

**Ms Jackson:** Do you remember when that was?

**Mr Corea:** I cannot be precise on the time. It was, again, obviously after I had received the document and before I returned it. The time in there I just cannot be precise at all on.

**Ms Jackson:** Did she say why you should destroy it, apart from the fact that Dr MacMillan was concerned?

**Mr Corea:** No, what I recall is that I was asked to destroy it and that Dr MacMillan was concerned that information was available.

**Ms Jackson:** Did you understand that to be a reference to the personal information in the document?

**Mr Corea:** No, actually I did not understand it clearly to be that reference. It was as plausible to me that the information was inaccurate and that would be a reason for destroying that information.

**Ms Jackson:** Apart from being inaccurate would there be any other reason for you to destroy it, other than that it was personal information that should not have gone to you?

**Mr Corea:** No, those seem to encompass the kinds of reasons why a document would no longer be—

**Ms Jackson:** In any event, it was implicit in what she was saying to you that for whichever reason it ought not to have gone to you.

**Mr Corea:** Yes.

**Ms Jackson:** And after she gave you those instructions what did you do with the document?

**Mr Corea:** After she gave me those instructions, I collected what she had given me. At the same time or prior to that I had been by the fax machine in the minister's office and I had picked up a fax that had come in that related to this issue and was actually a fax from the chamber of commerce addressing the issue of closure of services in Sudbury and the threshold. I took that and walked back to my office, picked up the documents that Diane McArthur had—or that I had been given, and walked downstairs to Dr LeBlanc's office. I did not know immediately where that office was, so I looked around for a period of time and then met Dr LeBlanc coming out of his office and went in with him. He was in the room with Dr MacMillan, and both of them were engaged in a telephone call on the speaker phone. In fact, it was part of the reason why I had gone down to Dr LeBlanc's office, and when the telephone call was completed—I stood there and listened to the telephone



call, and when the telephone call was completed I handed the documents to Dr MacMillan—

**Ms Jackson:** You have not yet told the committee why you went to Dr LeBlanc's office. You have said you had an instruction to destroy a document. You had shortly thereafter or shortly before picked up a fax from the chamber of commerce.

**Mr Corea:** Yes.

**Ms Jackson:** Why did you then go to Dr LeBlanc's office?

**Mr Corea:** Because in picking up the fax I had bumped into Sue Colley who had asked me to sit in on the telephone call that Dr LeBlanc had been or was going to be receiving.

**Ms Jackson:** From whom?

**Mr Corea:** I did not understand from whom at that point, but it just related to this issue of medical services in Sudbury.

**Ms Jackson:** The fax that you picked up related to the issue of medical services in Sudbury?

**Mr Corea:** As well, yes.

**Ms Jackson:** And was from the chamber of commerce?

**Mr Corea:** Yes.

**Ms Jackson:** And did it refer to the situation with respect to Dr Donahue?

**Mr Corea:** I cannot recall if Dr Donahue was specifically mentioned in there, but it referred to the closure of services and the impact on Sudbury. It was quite a lengthy—

**Ms Jackson:** Certainly issues relating to Dr Donahue?

**Mr Corea:** Yes.

**Ms Jackson:** Do you still have that fax?

**Mr Corea:** I do not have a copy of that fax. What I did was log it with the corporate correspondence unit for response. But at the time I had that fax and I intended to take it to Dr LeBlanc to indicate that there was a growing concern within Sudbury about the closure of services.

**Ms Jackson:** Do I understand that the fact that you did not destroy the document you had received is in some way related to this fax? You had been asked to destroy the document.

**Mr Corea:** Yes.

**Ms Jackson:** I said, "What did you do?" and you said you did not destroy it, you went off to Dr LeBlanc's office.

**Mr Corea:** Yes, with the documents in hand. I was returning them to their source, essentially.

**Ms Jackson:** Was the fact that you did not destroy the document in any way related to the fax that you picked up in or around the same time?

**Mr Corea:** They were all relating to the issue of medical services in Sudbury. The reason why I was taking the fax was to show Dr LeBlanc; the reason why I was taking the documents back was to give them back to the person—to Dr LeBlanc, from whence they had come.

**Ms Jackson:** But if Diane McArthur told you to destroy them, why did you not just do that?

**Mr Corea:** I thought that it would be more reasonable to return them to them and they could destroy them. That way they were sure that they had the documents back.

**Ms Jackson:** So you went down to return the document and to participate in this telephone call?

**Mr Corea:** Yes.

**Ms Jackson:** And on your way down did you read the document?

**Mr Corea:** I scanned it again, yes.

**Ms Jackson:** If you had already been told that you ought never to have received it, why did you then scan it?

**Mr Corea:** I was not told that the information was information that I could not read or view, was so confidential—I was asked to destroy it and there were concerns that the information was available, but I was not told that it was so sensitive that it was not for my eyes.

**Ms Jackson:** I think you agreed with me earlier, Mr Corea, that it was implicit in what you were told that you should never have received it. If that is true, why then did you read it again?

1550

**Mr Corea:** I scanned it as I was walking down and making sure that I had all of the documents. At the same time, I was scanning the fax I had received. This was not a studied reading of this particular document.

**Ms Jackson:** Do you recall learning anything more from the document when you scanned it?

**Mr Corea:** No, all that I have learned of that document is the composite of the two brief, sort of, examinations I have had. That in part accounts for my rather limited recollection of it. I did not study this document other than to think: "It doesn't not appear to be answering my questions. It doesn't appear to be relating to the issues I've raised. What is this about?"

**Ms Jackson:** Before you took the document down to Dr LeBlanc's office, did you discuss it with Susan Colley?

**Mr Corea:** No.

**Ms Jackson:** Did you discuss it with David Sword?

**Mr Corea:** No.

**Ms Jackson:** Did you discuss it with Nuala Doherty?

**Mr Corea:** No.

**Ms Jackson:** Did you discuss it with any one else?

**Mr Corea:** No.

**Ms Jackson:** Then you got to Dr LeBlanc's office. Could you tell the committee what happened there?

**Mr Corea:** When I went into Dr LeBlanc's office, he was actually on his way out and he motioned to me to be quiet and we went back into his office. As I mentioned, there was a speaker phone conservation and Dr MacMillan was in the room. I believe at the time I walked in he was actually responding to a series of questions. Dr LeBlanc and Dr MacMillan both engaged in a discussion which broadly related to closure or medical services in Sudbury and then the conversation terminated.



At that point, I handed the documents I had received back to Dr MacMillan with a comment to the effect that, "I understand that you're interested or that you wanted these back."

I think that subsequently we introduced ourselves to each other at that point. I had not met Dr MacMillan up to then nor had he met me; indeed that is the only time I met Dr MacMillan.

There was a variety of topics discussed at that point including discussion of the use of the word "cap." Dr MacMillan indicated that he was going to be on the radio the next day in an interview and that maybe he should tape the interview. I think I agreed at that point that that would be a good idea, because the brief discussion he had just prior to that indicated that his knowledge about what was exempt from the threshold agreement was quite extensive; he talked a lot about technical fees being exempt and delegated acts. My understanding was growing at that point about the agreement, so I thought it would be useful if we had a transcript of that because he seemed to be explaining it particularly clearly.

On one point, I recall him being corrected by Dr LeBlanc about the use of the word "cap." Dr LeBlanc said, "It's really not a cap, it's a threshold pay adjustment," and some comment about how that was a more appropriate terminology to be using. Actually, that stuck in my mind as much as anything in our conversation at that point. I thought it was a clarification of some of the issues that were arising from this.

I asked Dr MacMillan about Peterborough. There had been questions that had been received about a cardiology clinic in the Peterborough area in some weeks prior to that. We no longer were receiving those kinds of requests for information about that or complaints about the potential closing of those services. I was wondering if he had any knowledge of that and he responded that yes, a team of people had gone to Peterborough and that they were able to resolve the issues with the cardiologists in the Peterborough area. I believe he mentioned that some money for administrative services was provided as a result of the conversations between MOH and the cardiologists.

**Ms Jackson:** Was there any discussion specifically about Dr Donahue?

**Mr Corea:** There was discussion about Dr Donahue in the sense of wondering why Dr Donahue was raising the question of threshold exemption. Dr LeBlanc indicated that Sudbury had been an area in which physicians had by and large rejected the OMA agreement. I cannot recall the exact words he used, but that while there had been overall, I believe 85%, acceptance of it across the province, Sudbury had been an area where the physicians had been opposed to the agreement. He was wondering why a dermatologist was coming forward with a request for exemption when certainly there would be other specialists in the area whose earnings may have put them in a position more quickly to request an exemption.

**Ms Jackson:** Was there some indication that as a dermatologist his earnings might or might not put him in a position where the threshold would be a problem?

**Mr Corea:** I believe Dr MacMillan responded to the effect that dermatologists tend to have more of the technical and delegated acts available to them so that—their earnings are calculated and those do not fall into the calculation and therefore—

**Ms Jackson:** Their technical fees do not get included in the calculations—

**Mr Corea:** Yes, do not get counted in.

**Ms Jackson:** So the discussion was as to the cost structure that Dr Donahue might be undergoing and how that would relate to his earnings.

**Mr Corea:** Yes, and dermatologists in general, what specialties were more likely to request exemption more, be in a position of exceeding the threshold.

**Ms Jackson:** Do you recall any other discussion about Dr Donahue's costs or earnings or his vulnerability to the threshold or anything of that sort?

**Mr Corea:** No, I recall it being made very clear that the details of a physician's practice are confidential information. That was basically it.

**Ms Jackson:** Would it be fair that since you cannot recall specifically what was in the document you had returned, you cannot say whether or not the conversation that you had with Dr LeBlanc and Dr MacMillan overlapped to some extent with what the contents of that document were?

**Mr Corea:** It may have overlapped, but at this point it was quite clear that the details of his practice were confidential, and I am not sure why we would then engage in a discussion of those confidential details.

**Ms Jackson:** But you are not sure if you did or you did not.

**Mr Corea:** I can recall quite specifically certain elements of that conversation that triggered—that I retained information. It would surprise me if we discussed in detail his practice and I did not recall that, and yet I can recall very specifically things like Dr LeBlanc telling Dr MacMillan that use of the word "cap" was not the most suitable in that—

**Ms Jackson:** Except for this, Mr Corea: The details of Dr Donahue's practice would not help you all that much. You wanted to know whether he had a problem or not. The details of how he had a problem were more for the experts, as I understand you to say.

**Mr Corea:** Fair, yes.

**Ms Jackson:** So there might have been that kind of conversation. It would not have significance for you if it had occurred.

**Mr Corea:** Yes, it would not have significance for me. It is not something I would need to retain or would find useful.

**Ms Jackson:** Have you now told the committee everything you do in fact recall about the conversation concerning Dr Donahue?

**Mr Corea:** Yes, I have.

**Ms Jackson:** At the end of that meeting, then, do I have it that you had returned all the copies of the document you had, however many they—

**Mr Corea:** Yes.



**Ms Jackson:** However many pages it was, you had returned that to Dr MacMillan.

**Mr Corea:** Yes.

**Ms Jackson:** And you had returned the fax that you got on this issue to—

**Mr Corea:** Oh, sorry, let me explain. There was a brief conversation about the fax. As I gave the documents to Dr MacMillan I handed the fax to Dr LeBlanc and he noticed at the end of the fax that the fax was not signed by the person whose name and title was there, but had apparently been signed by a secretary or an administrative assistant. That was the other conversation. So I retrieved that fax and left his office with it.

**Ms Jackson:** So you left the fax with Dr LeBlanc?

1600

**Mr Corea:** Yes. I am sure Dr LeBlanc indicated that he would be talking with Mr Laughren, that he had already received a request for a briefing from Mr Laughren and would be talking directly with Mr Laughren the following day. Because Mr Laughren was travelling around the province, my understanding was there was an arrangement to have a telephone conversation.

**Ms Jackson:** Is it your understanding that, in part, this “request for a briefing on Dr Donahue’s actual position” would be dealt with in this conversation between Dr MacMillan and Mr Laughren?

**Mr Corea:** Yes, in part. I still expected to have a subsequent briefing of it available, but I understood that in part there would be direct contact between Dr LeBlanc and Mr Laughren.

**Ms Jackson:** Just before we leave this issue and the return of the document, you have told the committee that you cannot say one way or another whether the document that has now been marked in evidence is the document received, but I take it in light of Ms McArthur’s statements to you that she brought it to you and they did subsequently get it back. You would have no reason to disagree with her that this is the document she brought you?

**Mr Corea:** No. I am faced with agreeing with several people that I have had this document and not having a clear recollection of it myself.

**Ms Jackson:** Can I take you then to the evening of November 14, the same day? I am going to ask about a conversation you had that night with Susan Colley. Do you recall whether or not you had any further conversations that day with Nuala Doherty or David Sword?

**Mr Corea:** No, I do not recall having any conversations with them on that day.

**Ms Jackson:** You might or might not have had some but you do not recall?

**Mr Corea:** That is right.

**Ms Jackson:** Then that evening you spoke with Susan Colley on this matter, as I understand it.

**Mr Corea:** Yes.

**Ms Jackson:** Who initiated that conversation?

**Mr Corea:** Sue Colley called my house.

**Ms Jackson:** This was in the evening?

**Mr Corea:** Yes.

**Ms Jackson:** Why?

**Mr Corea:** I do not clearly recall why. I recall that we talked about work situations. Why she called originally to my house I am not clear. There is a possibility that she would have called to talk with my wife at that time as well. Whether I was the second person on the phone call or the first person, I am not sure, but I recall that we had a discussion that evening and it was a discussion that summarized the additional request for information directed by Betty Notar. I recall that I previously had indicated we had only a passing conversation about that. This phone call was really a follow-up to that or a more detailed discussion of that.

**Ms Jackson:** So there is still this outstanding request for information concerning Dr Donahue that has to be dealt with?

**Mr Corea:** Yes.

**Ms Jackson:** Is it possible that in that conversation, you shared with her some of the contents of the document you had in your possession earlier that day?

**Mr Corea:** To the clearest of my memory, I did not share any of that information. When I left Dr MacMillan and Dr LeBlanc, it was quite clear to me that details of Dr Donahue’s or any physician’s practice were confidential information. That it needed to be shared with anyone without a consent was quite clear in my mind.

**Ms Jackson:** You said before that when you got personal information it was part of your job to have, if you were working with somebody else on that matter, you could give them the personal information. Is that right?

**Mr Corea:** Yes.

**Ms Jackson:** And this would be personal information you got in connection with one of the things you were working on.

**Mr Corea:** It would be on a need-to-know basis. If I did not need to know about the details of Dr Donahue’s practice, I do not know why Sue Colley would as well. I was taking that to mean that the minister’s office does not need to know the details of Dr Donahue’s practice.

**Ms Jackson:** At least much of what you were given would not be something you would share with her.

**Mr Corea:** Right.

**Ms Jackson:** But if something came up in the course of your conversation, some kind of information that you thought you did need to know to answer the minister’s inquiry, that then would be something you could share with her if you knew it, would it not?

**Mr Corea:** I explained to Sue Colley on the phone that the details I understood from talking with Dr LeBlanc and Dr MacMillan, the details of Dr Donahue’s or any physician’s practice were confidential.

**Ms Jackson:** Did that mean that any specific information about that practice at all should not come to you and should not be shared among members of the minister’s office?



**Mr Corea:** Yes.

**Ms Jackson:** Absolutely none?

**Mr Corea:** Unless it had been provided by Dr Donahue himself directed to the minister's office in some kind of effort to clarify or seek the assistance of the minister's office.

**Ms Jackson:** So you could only share information concerning Dr Donahue if you had his explicit consent to do so?

**Mr Corea:** It was my understanding of that.

**Ms Jackson:** So from this point on you knew that any personal information about Dr Donahue could only pass back and forth in conversation or in memo if you had Dr Donahue's specific consent.

**Mr Corea:** Yes. My understanding of that was coming from the conversation and was much clearer and much more—it is not usual that documents are requested back from you and asked to be destroyed. I expected Dr MacMillan to make more of a—his reaction was rather subdued about it on receiving these, but it certainly made an impression on me that I was giving the documents back and the stress placed on the fact that the details of practice are confidential. There is not a need to know or discuss those.

**Ms Jackson:** It is fair, Mr Corea, that if you had at that time recalled specific pieces of information from the document that you thought were already in the public domain with Dr Donahue's consent, you would have considered that fair to pass on, irrespective of whether it had been in the document.

**Mr Corea:** Yes, that is right.

**Ms Jackson:** Do you recall whether there were any such pieces of information?

**Mr Corea:** In the public—

**Ms Jackson:** In the document that you had passed back.

**Mr Corea:** Back, yes.

**Ms Jackson:** Let me jump ahead and say that I take it, as you do not recall very much about that document, that you do not recall whether it contained pieces of information that you understood to already be in the public sphere.

**Mr Corea:** Yes.

**Ms Jackson:** But if it had, you would have thought you would be free to pass those on to Sue Colley or—

**Mr Corea:** Yes. If they were in the public sphere—their presence in the document, once they are in the public arena—they had been in the public arena and therefore they were available for discussion.

**Ms Jackson:** How was the matter left? You and Sue Colley have discussed the fact that you have this outstanding information request concerning Dr Donahue and so far you do not have anything. What are you going to do about it?

**Mr Corea:** First of all, there seems to be a decreased obligation to do anything about it because Dr LeBlanc is going to speak directly with the Treasurer.

**Ms Jackson:** Dr LeBlanc or Dr MacMillan?

**Mr Corea:** Dr LeBlanc.

**Ms Jackson:** I am sorry, I misunderstood you earlier.

**Mr Corea:** Dr LeBlanc is going to speak directly with Mr Laughren, so there is some sense that the whole request for a briefing, while it may not be in paper form, has been dealt with so that information will be—Dr MacMillan will be able to apprise Mr Laughren of—

**Ms Jackson:** Is it Dr MacMillan or Dr LeBlanc?

**Mr Corea:** Dr LeBlanc will be able to apprise Mr Laughren of the situation and the Ministry of Health's position in relationship to that and answer and respond to any questions. I considered it a dynamic briefing rather than a paper briefing, so in some sense the pressure is taken off. I view the pressure as being taken off to have a piece of paper as a briefing material.

**Ms Jackson:** But it still has to have been of some significance because it forms the subject matter of a conversation between you and Susan Colley that very evening.

**Mr Corea:** Yes.

**Ms Jackson:** There is still something that has to be done, is that not right?

1610

**Mr Corea:** I think the "more" that needs to be done—the subject was that there clearly needs to be a greater understanding of the underserved area program, the understanding of the provisions of the agreement. A lot of this information needs to be made available. This is information that is not secret or confidential information; this is information that citizens of Ontario have a right to in order to make their decisions and to make use of services.

**Ms Jackson:** But you still need to deal with the request for a briefing from the minister's office.

**Mr Corea:** Yes.

**Ms Jackson:** With respect to Dr Donahue.

**Mr Corea:** And I assume that a briefing would be coming forward, that an approved briefing would make its way through and come forward.

**Ms Jackson:** And to some extent it is going to have to address the situation of Dr Donahue?

**Mr Corea:** Yes.

**Ms Jackson:** And to do that, whether or not the information comes to you, somebody is going to have to look at the impact of these government policies on Dr Donahue's specific situation.

**Mr Corea:** Yes.

**Ms Jackson:** And so all of that is still outstanding?

**Mr Corea:** Yes.

**Ms Jackson:** And what did you and Susan Colley decide to do about it in that conversation, if anything?

**Mr Corea:** At that point, we had really just discussed the need for more information, that there needed to be made available more information, and we would wait for the briefing to come up and, again, that Dr LeBlanc would be talking with Mr Laughren and we would be getting additional information and making it available as it came forward.

**Ms Jackson:** But what were you and she going to do to get additional information? What were you going to do?



**Mr Corea:** I was going to do nothing. My understanding on leaving the meeting with Dr LeBlanc and Dr Mac-Millan was that that would be forthcoming. I did not need to apply any more pressure; there gets to be a breaking point where asking and asking and asking achieves only irritation. My understanding was that there would be a briefing, an approved briefing, made available for the ministry—not just the minister's office, but for the ministry.

**Ms Jackson:** The ministry—well, for Mr Laughren?

**Mr Corea:** For Mr Laughren, but also that it would be available within the ministry as an approved briefing.

**Ms Jackson:** And it would so be available to Mr Laughren, Ms Martel or anybody else?

**Mr Corea:** Yes.

**Ms Jackson:** So you are in a position where you are now waiting until somebody gives you some information, is that right?

**Mr Corea:** Yes.

**Ms Jackson:** And when you get that information, it will be for you to pass it on to Mr Laughren or Ms Martel or the Minister of Health or whatever.

**Mr Corea:** But I am assuming also that they will have gotten some, that in some senses it will be stale news.

**Ms Jackson:** Okay, but you are still going to have to do something?

**Mr Corea:** Yes.

**Ms Jackson:** And what you will do is when you get the information you will pass it on?

**Mr Corea:** Yes.

**Ms Jackson:** Okay. Then we go to the morning of the 15th of November. That morning you got another memorandum from Susan Colley, which I will ask the clerk to put in front of you and distribute. This is one you have been good enough to give us, Mr Corea. I have had to edit parts of it out, so the version you will be getting is edited.

**The Chair:** This will be marked as exhibit 50.

**Mr Cavalluzzo:** Excuse me, could we have some copies, please? Thank you.

**Ms Jackson:** Do you recall this memorandum, Mr Corea?

**Mr Corea:** Yes.

**Ms Jackson:** Can you confirm, Mr Corea, that of the material that is deleted in paragraphs 2 and 3, there is no indication in the memorandum that the material in paragraphs 2 or 3 is confidential or that it should not be passed on to anyone?

**Mr Corea:** Can I reference another copy of that, because I—

**Ms Jackson:** Please do, but I would ask you for this portion of the hearing not to make reference to what it says specifically.

**Mr Corea:** Sorry, your question again, Ms Jackson?

**Ms Jackson:** Let's start with paragraph 1. There is a reference there to the dollar amount of billings that Dr Donahue is doing in epilation and a note that Ms Colley is "not sure figure can be transmitted to Floyd: check this."

There is no such caution with respect to the information in paragraphs 2 and 3, is there? There is no suggestion that the information there is confidential or that it should not be passed on?

**Mr Corea:** No.

**Ms Jackson:** Would it be a fair reading of this memorandum, then, that apart from the dollar figure on epilation, the rest of the information can be used, as she suggests, in developing a briefing with Floyd?

**Mr Corea:** It would be a fair reading of this. I am not sure I agree with it, but it would be a reading of that.

**Ms Jackson:** Was it your reading of it?

**Mr Corea:** No.

**Ms Jackson:** What did you understand you were expected to do with the information in this memorandum?

**Mr Corea:** I did not expect that I was going to transmit the information in this memorandum at all. I might act on certain parts of it, but I am not going to transmit this information. When I looked at this memorandum, I saw dollar figures and other information that I thought should not be transmitted. That is my understanding of having had a more complete discussion about what details of practice are and are not confidential.

**Ms Jackson:** So what information did you understand you should and could transmit?

**Mr Corea:** Within this memo?

**Ms Jackson:** Yes.

**Mr Corea:** I am not sure I considered that question at the time, that I was going to transmit any specifically, but I can look through it and indicate. Certainly point 4, that with Dr Donahue's consent a review or discussion of its practice could take place and that some resolution may be possible with his particular practice and to know whether that would entail him closing or not closing and what would be the impact on Sudbury.

**Ms Jackson:** Mr Corea, as I read this memorandum, it reads to me as though at least Ms Colley thinks that except for the dollar figure in epilation that you will be using this information to develop "a briefing with Floyd."

**Mr Corea:** I was not developing a briefing for Mr Laughren. The briefing was being developed by the ministry. I might assemble that together with other available information and pass it on, but I was not developing a briefing for Mr Laughren.

**Ms Jackson:** I thought you earlier indicated you were the person through whom the information would be passed on to Mr Laughren and Miss Martel and so on.

**Mr Corea:** It might be passed on through me, but it would not be developed by me. I very rarely script a full briefing on a issue.

**Ms Jackson:** What, then, is the reason for giving you this information, in your understanding, if you are not going to be using it to do anything?

**Mr Corea:** I am not entirely clear—part of the reason for providing me with this information was maybe to clarify her understanding of the situation and what should be my understanding of it; you know, essentially putting to me



that this should be my understanding of the situation in Sudbury.

**Ms Jackson:** Did you ever say to Ms Colley that you did not think you could use this information?

**Mr Corea:** No. We did not have a conversation about this memo. I do not know at what time I read this memo or this e-mail. We did not have an extensive conversation over it. I essentially was pursuing my own course of action, which was to provide what information was made available through an approved briefing and what other information I thought was relevant to this and making that available to Mr Laughren's office. I assumed that the detailed briefing of Mr Laughren would occur by Dr LeBlanc.

**Ms Jackson:** All right. If your function was to pass this information on, to whom did you pass it on?

1620

**Mr Corea:** This information?

**Ms Jackson:** Yes.

**Mr Corea:** I did not pass this information on to anyone.

**Ms Jackson:** Why?

**Mr Corea:** Again, I am not sure that at the time I read this—there are elements of this that were already part of my understanding, which was that no one is being exempted in either the north or south. This matches our policy to hold the lines on thresholds. I understood that to be the ministry's position and that would be part of it.

**Ms Jackson:** What other paragraphs of this memorandum were not new to you?

**Mr Corea:** Were not new?

**Ms Jackson:** You have said 5 is not news.

**Mr Corea:** Right.

**Ms Jackson:** What other paragraphs, by number, are not news to you?

**Mr Corea:** I think actually paragraphs 2 and 3 that you have blacked out are news to me.

**Ms Jackson:** I am afraid we are driven to explore those in camera, and I will.

**Mr Corea:** Yes.

**Ms Jackson:** Was 4 new—

**Mr Corea:** In paragraph 1, the dollar figure that is also blanked out is news to me.

**Ms Jackson:** I beg your pardon?

**Mr Corea:** The dollar figure that is blanked out is news to me.

**Ms Jackson:** I am sorry, I did not hear what your answer was on paragraph 4. Is that news to you?

**Mr Corea:** No, that was essentially my understanding that with Dr Donahue's consent we could discuss his practice and from that determine whether there were other options to him closing, and if there were other options to him closing, those could be sought and possibly achieved; if there were none and his practice closed, then to assess the impact on Sudbury.

**Ms Jackson:** With respect to the items in 1, 2 and 3 that were news to you, I understand you to say your role

was to pass information on for a briefing, so Ms Colley is giving this to you to pass it on is your understanding.

**Mr Corea:** Yes.

**Ms Jackson:** But you did not do that.

**Mr Corea:** No.

**Ms Jackson:** Did you tell her you did not do that?

**Mr Corea:** No.

**Ms Jackson:** Why did you not do it?

**Mr Corea:** I was already on a course of action of providing what information I thought was useful on this. Ms Colley had an idea of what information was useful on that and I was pursuing my own. I also do not know at what time I read this e-mail. It could be well into late into the day that I read this, so passing it on would be rather academic.

**Ms Jackson:** Do you recall whether you discussed anything in the e-mail with anyone else?

**Mr Corea:** No, I do not recall.

**Ms Jackson:** You may have done or you may not have done?

**Mr Corea:** I doubt very much whether I discussed it with anyone else. If I did not discuss it with Sue Colley, discussing any of this with anyone else does not seem to make sense to me.

**Ms Jackson:** Two other people who we know are now interested in some of these issues are Nuala Doherty and David Sword.

**Mr Corea:** Yes.

**Ms Jackson:** You do not know if you discussed it with them, or do you?

**Mr Corea:** I did not discuss any of this information with them. My clearest recollection is that I did not discuss any of this information. I do not know at what time I actually read this e-mail, but my clearest recollection is that I did not discuss any of these details with Nuala Doherty or David Sword.

**Ms Jackson:** So is it fair, then, that at this point in time, although you are to pass information on for this briefing Mr Laughren is pressing for, you still do not have any information that you can or have passed on?

**Mr Corea:** No, actually I have some some information that I have started to assemble. Those were letters that had been signed by the minister or were to be signed by the minister to MPPs, hospital administrators, executive directors of district health councils, applicants and the president of the OMA. Those explained, essentially, the threshold exemption issue and the decision to provide no individual exemptions from that. Copies of that had been provided to me.

**Ms Jackson:** But those letters are in essence telling people that there are not going to be any further exemptions.

**Mr Corea:** Yes.

**Ms Jackson:** So those letters are not likely to help resolve the problem with Dr Donahue?

**Mr Corea:** No, they are not, other than to clarify the position of the ministry.

**Ms Jackson:** Okay. On November 15, the same day we have just been discussing, do you recall a meeting with Nuala Doherty and Ian Wood?

**Mr Corea:** I do not recall that meeting. I recall that at some point on either the 14th or the 15th Nuala Doherty came by my office, but I cannot recall specifically the time or the date, whether it was the 14th or 15th.

**Ms Jackson:** Do you recall at some point meeting somebody named Ian Wood?

**Mr Corea:** I recall talking with Ian Wood. I cannot recall meeting him; I could not identify him.

**Ms Jackson:** The purpose of such a meeting, if one occurred around this time, would presumably be with respect to this ongoing question of briefing Mr Laughren on the Dr Donahue issue, is that fair?

**Mr Corea:** Yes.

**Ms Jackson:** I have told you that I expect Ms Doherty will testify that there was such a meeting on the 15th, and I understand that you have no reason to disagree with that.

**Mr Corea:** No, I have no reason to disagree.

**Ms Jackson:** And if she were to say that there was discussion in that meeting about issues related to epilation, you would have no reason to disagree with it?

**Mr Corea:** That certainly would make sense within the context. This is November 15 and epilation has just been delisted as a procedure. The minister's office was receiving sort of a last round of complaints about that from individuals, as well as others who were angry at the decision around epilation.

**Ms Jackson:** If she were to testify that there was discussion in that meeting about whether and how Dr Donahue would reach his threshold, would you have any reason to disagree with her?

**Mr Corea:** Whether and how he would reach—

**Ms Jackson:** Whether he would reach the threshold and how that would occur.

**Mr Corea:** I would consider that as part of the details of his practice and that that is not available information.

**Ms Jackson:** Do you remember whether you received such information in that meeting?

**Mr Corea:** That she was telling me details?

**Ms Jackson:** Yes.

**Mr Corea:** I do not recall her telling me details of that.

**Ms Jackson:** All right.

**Mr Corea:** That she was telling me when Dr Donahue would reach his threshold?

**Ms Jackson:** Whether there was discussion as to whether Dr Donahue would reach the threshold and, if so, when.

**Mr Corea:** There was discussion, but was she telling me or was I—I do not recall any discussion of that.

**Ms Jackson:** Either way. I am afraid I do not at this point know which way it is, because I have not talked to her. Somebody else has, but—

**Mr Corea:** I do not recall any discussion about when Dr Donahue would reach the threshold.

**Ms Jackson:** All right. During this period, Mr Corea, do you recall at some point hearing Ms Doherty express some scepticism or anger about Dr Donahue's case?

**Mr Corea:** I do not recall, other than annoyance at me and trying to get information and the speed at which information—I do not recall annoyance at Dr Donahue.

**Ms Jackson:** Do you recall anybody around this period of mid-December or as we move into late December expressing scepticism or anger towards Dr Donahue and his particular case?

**Mr Cavalluzzo:** Excuse me, you said mid-December.

**Ms Jackson:** Sorry, I meant November.

**Mr Corea:** I suppose that Dr LeBlanc wondering why a dermatologist would be coming forward could be viewed as scepticism, but that is the only—

**Ms Jackson:** That is the only instance you recall?

**Mr Corea:** Yes, and I do not think that is scepticism; that is just a question.

**Ms Jackson:** Do you recall providing any information concerning Dr Donahue's situation to either Nuala Doherty or Ian Wood around November 15?

**Mr Corea:** At that point, on December 15, we were quite clear that information was around the practice area. A practice, Dr Donahue's practice or any physician's, was confidential, and I believe I stated that quite clearly to Nuala Doherty and David Sword, and Ian Wood as well.

1630

**Ms Jackson:** I have indicated to you as well that we have received some notes of a conversation between David Sword and yourself on November 15.

**Mr Corea:** Right.

**Ms Jackson:** Do you recall that conversation?

**Mr Corea:** I do not specifically recall the conversation. It is conceivable that I would be talking with him at that point.

**Ms Jackson:** Let me put those notes back in front of you, or ask the clerk to, Mr Corea, and ask you about that. Those will be exhibit—

**The Chair:** These will be marked as exhibit 51.

**Ms Jackson:** As I understand it, Mr Corea, what these notes reflect are notes that David Sword has made of a conversation that he had on November 15 with you, and I just want to ask you whether any of the phrases there jog any memories for you.

First of all, he makes a note, "Info on doctor's billing"—I hope you can see on your copy that it is an apostrophe-s billing, so it appears to refer to a single billing—"confidential." Do you recall a conversation with David Sword in which the confidentiality of an individual doctor's billings was discussed?

**Mr Corea:** I recall indicating that details of doctors'—indicating to both David Sword and Nuala Doherty in a variety of forms that the details of doctors' practices are confidential. The words "doctor's billings" are not mine, but "confidential" is certainly.



**Ms Jackson:** Do you recall, was Mr Sword asking you for information on an individual doctor's billings?

**Mr Corea:** I do not recall. I do not recall whether he was asking me for information on a doctor's billings or whether I was just indicating that the details of practice are confidential, that—

**Ms Jackson:** Then there is a note that says, "Less said better." Do you recall any comment in any conversation with Mr Sword to the effect of the less said the better by either you or by him?

**Mr Corea:** No, I do not recall anything.

**Ms Jackson:** "Any info on this guy's business." Do you recall any conversation about trying to get info on this guy's business?

**Mr Corea:** No.

**Ms Jackson:** "Committed to making new system work." Do you recall a conversation in which that comment might have been made or be relevant?

**Mr Corea:** I cannot recall. It makes sense if we are talking about threshold as being a system, which it really is not, but it would make sense in light of committing to make the threshold system work.

**Ms Jackson:** And then there is a note that, "Business practice must be looked." Do you recall a discussion about looking at—well, let me ask you specifically: looking at Dr Donahue's business practice?

**Mr Corea:** No.

**Ms Jackson:** Is it possible that there was such a conversation, or do you just have no recollection one way or the other?

**Mr Corea:** I just have no recollection on talking about it.

**Ms Jackson:** Then on November 15, as I understand it, you sent out some information to Nuala Doherty and David Sword. Could I ask the clerk to put in front of you and others a fax of that date, which attached letters and questions and answers.

**The Chair:** That is marked as exhibit 52.

**Mr Harnick:** On a point of clarification, Mr Chairman: Going back to exhibit 51, the only writing is at the bottom. Is that because we are—

**Ms Jackson:** I will have to check that, Mr Harnick, but it is my understanding that this is the form in which we got the notes. My assumption on the basis of that is that Mr Sword edited out things that were unrelated to this. I will check that tonight and if I am wrong—

**Mr Harnick:** Okay. I just thought maybe you had deleted it so that we would be looking at it—

**Ms Jackson:** On this occasion I believe I personally was not the editor, and I believe Mr Sword was. I am told this is the way we got it.

**Mr Harnick:** Okay. Thanks.

**The Chair:** On that same point, if I might, there is a word at the bottom which says "restricted" with an arrow. It moves to a blacked-out portion. I was wondering, counsel, if you could make inquiries as to whether that portion that

was blacked out is one that is relevant to this issue or something other than.

**Ms Jackson:** It is a good question. We will ask.

**The Chair:** Thank you very much.

**Mr Cavalluzzo:** Excuse me, do we have the original of this note?

**Ms Jackson:** I do not. "I don't" is the answer. What we have is what we got, which was Xeroxes of the note.

**Mr Cavalluzzo:** And is the original still in existence?

**Ms Jackson:** I assume it is.

**Mr Cavalluzzo:** Thank you.

**Ms Jackson:** And that it could be obtained through Mr Sword, I would assume.

On exhibit 52, is it fair that this note and attachment still do not deal with the outstanding issue of Dr Donahue?

**Mr Corea:** Not specifically of Dr Donahue. They are dealing with the issue of threshold and the exemptions and whether there would be exemptions or not. They are really stating quite clearly that these letters hopefully would be going out on that day. What I had—

**Ms Jackson:** And then—sorry, I did not mean to cut you off.

**Mr Corea:** What I have attached are draft letters that have been prepared by the ministry and were being signed by the minister.

**Ms Jackson:** And then you say, "I am still waiting for briefing material to travel through the approval process." Would that be the briefing material with respect to Dr Donahue?

**Mr Corea:** Yes.

**Ms Jackson:** And then later on the 15th, you sent them a further communication, which is a two-page fax that I would ask the clerk to distribute to you and members of the committee, again to Nuala Doherty and Ian Wood, which tends to suggest that by now you have met Mr Wood, is that fair?

**Mr Corea:** Yes.

**Ms Jackson:** And David Sword.

**Mr Corea:** I had either met him or had a conversation with him on the phone. I really cannot recall meeting him.

**The Chair:** That fax transmission is coming out as exhibit 53.

**Mr Cavalluzzo:** Could I just have some clarification in terms of how long we are going to be sitting? I have no idea, and if we are going to be sitting much longer I wonder if the witness might have a two-minute break just to walk around.

**The Chair:** Yes, if you would like to, certainly. How about we have a recess, keeping in mind the time, for five minutes?

**Mr Cavalluzzo:** Thank you.

The committee recessed at 1638.

1646

**The Chair:** Seeing a quorum, we will call this meeting back to order.



**Ms Jackson:** Mr Corea, you sent out exhibit 53, it would appear from your note, only successfully at the very end of the day, and immediately got a new telephone directory. Am I correct, sir, that at the time you sent this out you still had not received any additional information concerning Dr Donahue and that the only information you had received you concluded you could not pass on?

**Mr Corea:** Yes, that is correct.

**Ms Jackson:** So you are really still waiting for information on Dr Donahue?

**Mr Corea:** Yes, I am still waiting for it.

**Ms Jackson:** On November 18, you sent out a further fax to Simon Rosenblum in Mr Laughren's office, which I would ask the clerk to pass out and put in front of you.

**Mr Corea:** Yes.

**The Chair:** Mark this exhibit 53.

**Ms Jackson:** I think 54.

**The Chair:** I am sorry. I think you are right; that is 54.

**Ms Jackson:** First of all, Mr Corea, who is Mr Rosenblum? That is a new name in the series of correspondence.

**Mr Corea:** On the 18th it was a new name to me, this phone call from Mr Rosenblum in Mr Laughren's office.

**Ms Jackson:** And what position did he—

**Mr Corea:** I understand he works on the minister's staff in Mr Laughren's office. His exact—

**Ms Jackson:** Any explanation as to why a new person was becoming involved?

**Mr Corea:** No, there was no explanation at the time. I think I made the assumption that Ms Doherty was not available or there was additional information to pass on.

**Ms Jackson:** And do I take it from this that the briefing note you have been waiting for on Dr Donahue has finally just come in?

**Mr Corea:** Yes, from the fax on the 18th. It has come to me.

**Ms Jackson:** And that briefing note—would you just turn up exhibit 14 and tell us whether that is the briefing note that you sent along with this fax?

**Mr Corea:** This would be the substance of the briefing note I sent along. Typically, when we send out briefing notes they are masked, "Recommended ministry response" is masked. I do not have a copy of the briefing note I sent to Mr Rosenblum, but typically when we send out briefing notes, the section "Recommended ministry response" is masked out or "Advice to the minister" is definitely removed.

**Ms Jackson:** There is not a section on "Advice to the minister" in this one.

**Mr Corea:** Right.

**Ms Jackson:** But you are saying ordinarily if it goes outside the ministry, you take out the "Recommended ministry response."

**Mr Corea:** Yes.

**Ms Jackson:** Do you know whether you did in this case or not?

**Mr Corea:** Since I do not have the specific copy of that, and typically it is masked—Post-it notes are just attached

and then can be removed subsequently. As they are going through the fax machine, it reads it as blank.

**Ms Jackson:** But you do not know whether you did that in this case or not?

**Mr Corea:** No, I do not know.

**Ms Jackson:** Is there any reason why the recommended ministry response that is set forth here could not or should not go to Mr Laughren's office?

**Mr Corea:** No, there is not, none that I can see on quickly reading through it.

**Ms Jackson:** Then can you look at exhibit 15 and tell the committee whether those are the transcripts of the CBC interview that you indicate you are sending along as well in exhibit 54.

**Mr Corea:** Yes, they are. This is Dr MacMillan's print interview in the Sudbury—

**Ms Jackson:** So is it a fair conclusion, as you get this briefing note on the 18th, that in fact from the time you made your original request on November 12 until November 18, although you continued to be pressed during that period by a number of people for some information on Dr Donahue, you really did not get anything that you did not already know until you got this briefing note on November 18?

**Mr Corea:** Yes, that would be fair. I assumed also that there was information flowing directly without going through me, so it is not as if the request was not being met in some form.

**Ms Jackson:** Well, do you know if it was or not?

**Mr Corea:** I have never asked Dr LeBlanc if he did indeed complete his conversation with—

**Ms Jackson:** There was a lot of discussion, I take it from what you are saying, among a lot of people about the Dr Donahue issue throughout this period.

**Mr Corea:** Yes.

**Ms Jackson:** Because a lot of people were trying to get some information about what his situation was.

**Mr Corea:** Yes.

**Ms Jackson:** And you did not have any success, really, in getting any specific information, that you now think you could have passed on, until the 18th?

**Mr Corea:** Right.

**Ms Jackson:** And through this period, as I understand it, you continued to hear from Nuala Doherty with respect to the controversy that existed in Sudbury, including controversy with respect to Dr Donahue?

**Mr Corea:** Through the 18th?

**Ms Jackson:** Through this period of—through November and November 18 and 19 and thereafter.

**Mr Corea:** I recall the telephone conversation with Mr Rosenblum really bringing in an additional piece of information that started to make sense, in light of what Dr LeBlanc had said, which was that from Mr Laughren's visit to his constituency area and discussions that he had that weekend of the 16th and 17th, the issue was not solely focused on Dr Donahue, but actually that there were other specialists in the Sudbury area who were finding that the



threshold decision was a difficult one for them and that they faced decisions about their practice. So the discussion with Mr Rosenblum on the 18th really kind of expanded it to say that the specialists in the Sudbury area, more than Dr Donahue, were having problems with the threshold decision.

So that was an added bit of information. It seemed to fit with Dr LeBlanc's comments. It was really what Mr Rosenblum was indicating, that yes, the issue was Dr Donahue's specific practice previously, but this is a larger issue for Sudbury. There are other specialists who may be faced with closing and the situation of medical services in Sudbury is of considerable concern.

**Ms Jackson:** So the scope of the controversy is widening?

**Mr Corea:** Yes.

**Ms Jackson:** But the problem that was identified with Dr Donahue's situation had by no means gone away?

**Mr Corea:** No, it had not gone away.

**Ms Jackson:** He was still threatening to close his office.

**Mr Corea:** Actually, by this time I believe there are at least one or two e-mails to indicate that he has closed his office subsequently, but—

**Ms Jackson:** I think that may come a little bit later.

**Mr Corea:** But Dr Donahue's situation has not gone away.

**Ms Jackson:** To pick up on my original question to you, though, you continued to hear from Nuala Doherty that the Sudbury situation, including the Dr Donahue situation, continued to be a problem?

**Mr Corea:** Yes.

**Ms Jackson:** That Mr Laughren was still continuing to have to deal with?

**Mr Corea:** Yes.

**Ms Jackson:** And with respect to which she was continuing to request your assistance?

**Mr Corea:** The focus of the assistance really now had moved to making sure that Ministry of Health officials were in direct contact with Sudbury-area physicians in attempting to understand the situation: What was making Sudbury unique? Are there other ways of redressing that situation?

Certainly what Mr Rosenblum indicated to me, and it was reinforced by subsequent conversations with Ms Doherty, was that the issue was being characterized as a north-south issue, that services to northern residents were deteriorating because of decisions in the south. That was a particular perspective on it that I understood the Minister of Health to understand as problematic, that we were at that point very concerned about services to northern residents.

**Ms Jackson:** But my sense of it is, from what you have been saying, that within the ministry in large measure it was seen to a large extent to be an information problem. You wanted to find out more about the doctors and you wanted to let them know more about the program.

**Mr Corea:** Yes.

**Ms Jackson:** So it is not wrong to say, is it, that there was a real focus on giving and receiving information?

**Mr Corea:** Right.

**Ms Jackson:** That was the milieu in which you were then operating?

**Mr Corea:** Yes, particularly the giving part. MOH is the largest ministry and the information requests it gets are enormous. My sense of the brief period up to this point was that the provision of information back could have been improved, that people needed to know more about northern health grant programs, the status of that, difficulties they were experiencing with it, the types of services that were available to them. So getting information out from the ministry to citizens of Ontario seemed a very reasonable focus.

**Ms Jackson:** And in this exercise of giving and receiving information, you continued to deal with Nuala Doherty in part. I mean you dealt with other people too, but you dealt with Nuala Doherty.

**Mr Corea:** Yes, in part. Yes.

**Ms Jackson:** Can I just, in closing, ask you to identify one last piece of correspondence, and then I am afraid we are going to have carry on in the morning. On November 19, she sent you a fax, again with sort of further information and further request for information with respect to the Sudbury situation.

**The Chair:** That is being distributed and marked as exhibit 55.

**Ms Jackson:** And we see in that that among the issues you are still focusing on, in the giving and receiving of information, is the Sudbury doctor situation, which would include Dr Donahue.

**Mr Corea:** Yes.

**Ms Jackson:** She says in that memo, "In turn I can ensure that Shelley Martel's and Sharon Murdock's office receive the same information." Did it become the pattern in around this time that to the extent you were sending information to either Miss Martel or Ms Murdock, you were sending it through to Mr Laughren's office?

**Mr Corea:** That became the pattern. The prospect of this occupying all of my time was not one that I really looked forward to, and there were other issues that were pressing on me. There had been a request for the transcripts of MediaReach which normally come to our office and to make those available. In talking with Nuala Doherty she offered to pass on whatever information I forwarded to her by fax to Miss Martel's office and to Ms Murdock's office.

**Ms Jackson:** So at least from this point on, most of the information that comes out from the ministry to the extent that it goes to Miss Martel and Ms Murdock goes to Mr Laughren's office, in so far as you know?

**Mr Corea:** Yes. There are direct contacts occurring as well, individually with both myself and with other members of the ministry.

**Ms Jackson:** That might be an appropriate place to break, Mr Chairman.

**The Chair:** Thank you very much, Ms Jackson. We will adjourn until tomorrow at 10 am where we will recommence with the questioning of Mr Corea.

The committee adjourned at 1702.

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Publications



M-31 1991/92

M-31 1991/92

ISSN 1180-436X

## Legislative Assembly of Ontario

First Intercession, 35th Parliament

## Official Report of Debates (Hansard)

Wednesday 19 February 1992

### Standing committee on the Legislative Assembly

Inquiry re  
Ministry of Health  
information



Chair: Steven Offer  
Clerk: Douglas Arnott

Published by the Legislative Assembly of Ontario  
Editor of Debates: Don Cameron



## Assemblée législative de l'Ontario

Première intersession, 35<sup>e</sup> législature

## Journal des débats (Hansard)

Le mercredi 19 février 1992

### Comité permanent de l'Assemblée législative

Enquête concernant  
certains renseignements  
du ministère de la Santé

Président : Steven Offer  
Greffier : Douglas Arnott

Publié par l'Assemblée législative de l'Ontario  
Éditeur des débats : Don Cameron

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# LEGISLATIVE ASSEMBLY OF ONTARIO

## STANDING COMMITTEE ON THE LEGISLATIVE ASSEMBLY

Wednesday 19 February 1992

The committee met at 1008 in room 151.

### INQUIRY RE MINISTRY OF HEALTH INFORMATION LARRY COREA

**The Chair:** Good morning. We will call the Legislative Assembly committee to order for its morning session. As members will recall, yesterday afternoon committee counsel Trish Jackson was questioning Mr Corea over those pieces of information within the knowledge of Mr Corea. That questioning had not yet been completed, and I would remind Mr Corea of the oath previously administered and, second, the warning dealing with the divulging of confidential information. Again, in the event you are not able to provide a response to a question which cannot be given without divulging confidential information, you could advise the committee so that we could move into an in camera proceeding where we can then hear that type of information. I remind you of that warning. Having said those two matters, I will open it up to Ms Jackson to continue questioning. Ms Jackson.

**Ms Jackson:** Thank you, Mr Chairman. Mr Corea, I wanted to go back and just ask you one thing with respect to your evidence yesterday. You will recall that when we were talking about November 15, you indicated that in light of the fact that Ms Doherty apparently recalls having met with you that day, it was certainly possible that you did meet and discuss some of these matters relating to Dr Donahue on that day.

**Mr Corea:** Yes. It would have been a brief meeting if it occurred, but—

**Ms Jackson:** Can I ask you, sir, to look back at exhibit 50, which we marked yesterday. That is the edited version of the memorandum you received on that day from Susan Colley. Is it possible, Mr Corea, that you showed that memorandum to Ms Doherty or Mr Wood on the 15th?

**Mr Corea:** As I have said, I do not recall reading at the time that I read this that it was on my e-mail. I typically do not print off e-mails. They are on my system and I typically do not print them off. They are best dealt with as electronic messages and kept in that way, because there is such an abundance of paper that flows around that it is almost impossible to keep complete track of it. So I find that it is easier, when things are in electronic form, to keep them that way.

**Ms Jackson:** In the case where you get an e-mail in electronic form that contains information that you might want to pass on to somebody else, it would be fair to assume in those circumstances at least you would print out a hard copy?

**Mr Corea:** It would be fair to assume that, but many of the people I want to pass on that information to are already on the e-mail system, so I can attach the e-mail to

that. I can create a message, attach the previous one and send it in that way.

**Ms Jackson:** Is that just within the ministry?

**Mr Corea:** That is within the ministry.

**Ms Jackson:** And Ms Doherty and Mr Wood were not within the ministry?

**Mr Corea:** They are not within the ministry, no.

**Ms Jackson:** So in the circumstance where you got information that you might want to pass on to people outside the e-mail system or use in some other fashion, I take it you would usually print up a hard copy.

**Mr Corea:** It is very hard for me to say that I would usually do it. I cannot recall an instance of doing that. Usually I write out the other material and send it by fax. Most of the time my information is either sent out by fax or dealt with in a phone call. I cannot recall printing out an e-mail and handing it to someone else. It is possible, but unlikely.

**Ms Jackson:** And I understand you are saying it is unlikely because it is unlikely you would have printed up the e-mail.

**Mr Corea:** Yes.

**Ms Jackson:** If you were going to pass on the information, you would more likely pass it on in some other form.

**Mr Corea:** Yes.

**Ms Jackson:** And that might include passing it on in conversation.

**Mr Corea:** It might include that.

**Ms Jackson:** Then let me return to where we left off yesterday, Mr Corea. We were at exhibit 55, which you had identified as a fax transmission you received from Ms Doherty on the 19th of November. I wanted to deal with your response to that, which I understand to be a one-page fax of November 21. Did you respond to that fax transmission in writing or conversationally, do you know?

**Mr Corea:** My response was in a written form and faxed back to Ms Doherty.

**Ms Jackson:** What was the date of that response?

**Mr Corea:** Mine is dated the 20th of November, so I received this at some point on the 19th or early 20th and responded on the 20th.

**Ms Jackson:** Excuse me just a minute, Mr Corea. I am going to ask the clerk to give you what I now have located, which is the fax transmission of November 20.

**The Chair:** That will be marked as exhibit 56.

**Ms Jackson:** In that fax, Mr Corea, you make mention of the fact that you have learned that Dr MacMillan is expected to meet with Dr Donahue to discuss his situation.

**Mr Corea:** Yes. In Ms Doherty's fax to me she asked me to let her know when the meeting with MOH, the



Sudbury medical society and Tom Davies of the regional municipality of Sudbury is set up. So I am responding to point 1 in her memo.

**Ms Jackson:** In your reference to point 4 you say that, "Dr Bob MacMillan, executive director of the health insurance division, will be travelling to Sudbury to meet with area physicians and possibly with Dr Donahue on his particular situation."

**Mr Corea:** Yes.

**Ms Jackson:** And you take her up on her offer to communicate information that you are giving her to David Sword and to Sharon Murdock's office.

**Mr Corea:** Yes. This was particularly around the request for transcripts of media interviews. Those are typically quite lengthy and you could stand by the fax machine all day sending those out to several people. So her offer to pass that on made sense.

**Ms Jackson:** And following that sending of information on the 20th, the ongoing sort of pattern that had been developing of talk and faxes around this issue continued after the sending of this fax.

**Mr Corea:** It did continue in general terms, but if you will note on the end of that fax, I am really assuming that much of the resolution of this situation is going to occur now that the Ministry of Health is going to meet directly with area physicians and area representatives of municipal government and that, in my mind at least, there is a winding down of my involvement in this issue.

**Ms Jackson:** But you are still in the loop for sending and receiving information as to what is happening.

**Mr Corea:** Yes. I am in the loop, yes.

**Ms Jackson:** So, for example, if you were to look at exhibit 31—and I am going to just take you through a series and have you confirm that you received things that appear to come to you. Exhibit 31 is an e-mail of November 20 from Dr MacMillan to a series of people, and in fact you are shown as having received a copy of that. Can you confirm that you did?

**Mr Corea:** Yes.

**Ms Jackson:** Similarly—I am sorry. Let me just ask you to turn back to exhibit 30, another e-mail of the same day. You sent that e-mail and copied all those people, so you are still providing information with respect to this issue.

**Mr Corea:** Yes, and this would have been where I had gathered the information to respond actually to that fax.

**Ms Jackson:** You say in the second paragraph of that e-mail, Mr Corea, that, "Dr Donahue has indicated to Shelley Martel that he is willing to open his books." May I take it that that is some information you received from Shelley Martel's office?

**Mr Corea:** Yes.

**Ms Jackson:** And did you learn in fact whether Dr Donahue ever did open his books?

**Mr Corea:** No, I did not. I have never learned whether he did in fact discuss his books openly with the Ministry of Health officials.

**Ms Jackson:** Or with Shelley Martel.

**Mr Corea:** No.

**Ms Jackson:** Then, turning over to exhibit 32, we have another fax at 4:28 on the 20th, and you are apparently copied on that. Did you receive a copy of it?

**Mr Corea:** Yes.

**Ms Jackson:** Then there is a fax that you have provided us with, Mr Corea, that you sent on November 21 to Nuala Doherty, and I will ask the clerk to put that in front of you.

**The Chair:** That will be marked as exhibit 57.

**Ms Jackson:** Can you confirm that is a fax you sent on that date, Mr Corea?

**Mr Corea:** Yes, I can.

**Ms Jackson:** You say just before the first paragraph, "Got your message." Do you recall what the message was?

**Mr Corea:** I think it was just a telephone message. I remember discussing this on the phone, but I cannot recall whether it was also supplemented by a fax at all. I cannot recall whether that was supplemented by a written message or whether there was a detailed telephone message left for me. I believe there was a brief telephone message.

1020

**Ms Jackson:** Do you remember what the message was?

**Mr Corea:** No, I do not. I cannot recall anything on number 1, Laurentian Hospital. What I am talking about in point 2 is that I have been asked by Ms Doherty to facilitate some kind of discussion between Dr DeBlacam and Mr Decter, the deputy minister. In that I am declining, thinking that there is conversation going on, there is contact going on. For me to continue to act as a go-between, particularly when Dr DeBlacam and Dr MacMillan are talking, does not make sense to me. There is some request for me to act as a go-between and to ask for Mr Decter to attend the meeting in Sudbury.

**Ms Jackson:** So Mr Laughren's office is trying to continue to have you involved in a situation where you do not think you are appropriately involved, is that correct?

**Mr Corea:** Yes. I thought my time was better spent elsewhere. As I said, in my mind much of the resolution of this issue would come when there is a face-to-face meeting of the parties, when there is the opportunity to talk about the problems and the issues they are facing, get a clearer understanding and see if there is any resolution other than exemption to the threshold.

**Ms Jackson:** You say that the "whole issue starts to feel as if it will be 'resolved' because ministers are politically affected." Which ministers were you alluding to there?

**Mr Corea:** It would be Minister Martel and Minister Laughren.

**Ms Jackson:** Did you sense that you were being asked to stay involved because ministers were affected?

**Mr Corea:** No, I did not sense that. I wanted just to make that clear. It reinforces that the threshold decision had been made—my understanding was that it was a government decision; not only a Ministry of Health decision but a government decision—and that an exemption or a waiving of that was not possible within this fiscal year, that other



solutions might be found based on variations on the problem but that the exemption to the threshold issue had been resolved.

**Ms Jackson:** Do I take it, from the fact that you refer there to ministers and you say that includes Minister Martel's office, that Minister Martel's office was also wanting you to continue to stay involved at a time when you did not think you should be?

**Mr Corea:** No. I think that would be a fair jump to make. This is a fax to Nuala Doherty on this issue. I do not recall having any additional requests from Mr Sword, who is my main contact in Ms Martel's office, to stay actively involved. Really this request was coming, as I understood it, directly from Nuala Doherty. My sense of it was that she was in contact with Dr DeBlacam in particular.

**Ms Jackson:** Then you have provided me, Mr Corea, with a fax from yourself of November 26 and another related e-mail from Sue Colley on the 27th. Could I ask the clerk to put those two in front of you and in front of members, and I will ask you about those.

**The Chair:** The fax transmission of November 26 will be marked as exhibit 58 and the interoffice memo of November 27 will be marked as exhibit 59.

**Ms Jackson:** Mr Corea, I misdescribed exhibit 58. I said it was a fax from you. It is, of course, a fax to you.

**Mr Corea:** Yes.

**Ms Jackson:** You received it on about the 26th. You were told in the fax of November 26 that Shelley Martel had met with Dr Donahue. Is that right? Do you recall being advised of that?

**Mr Corea:** It is certainly there in the fax. It did not register in my—I did not recall.

**Ms Jackson:** Do you remember being told anything about that meeting?

**Mr Corea:** No. I did not even remember that there had been a meeting at this point. I do not recall being told anything about this.

**Ms Jackson:** In any event, at this time you were still in contact with David Sword and Nuala Doherty with respect to the ongoing status of the Dr Donahue issue?

**Mr Corea:** Yes.

**Ms Jackson:** Then on November 27 there is an e-mail from Susan Colley to yourself and others, exhibit 59, indicating that, "we understand that Eugene LeBlanc and Dr MacMillan are going to meet with the Sudbury medical society and Dr Donahue on December 5." Did that meeting occur, do you know?

**Mr Cavalluzzo:** Which meeting are you referring to, counsellor?

**Ms Jackson:** The meeting between Eugene LeBlanc, Dr MacMillan—with Dr Donahue; sorry.

**Mr Corea:** Did that meeting occur on the—

**Ms Jackson:** Did you hear whether it did or did not?

**Mr Corea:** No. I did not hear whether that meeting did occur. I did not attend in Sudbury on the 5th and I did not hear whether that meeting had occurred.

**Ms Jackson:** What was the reason you were sent a copy of this e-mail, do you know? What were you meant to do with it?

**Mr Corea:** I do not think I was meant to do anything with it. It was really just a matter of keeping me informed in this. Ms Colley knew that I had been involved with it, and it was really just a matter of copying me on it.

**Ms Jackson:** Given the level of interest there had been in Dr Donahue and trying to get him to open his books and trying to meet with him, would it not be of some interest to you in your position to find out whether there had been such a meeting and what the result of it was?

**Mr Corea:** In my mind, Dr Donahue's issue was going to be dealt with directly by Dr MacMillan. It did not seem to me to be of further great interest. It was really the situation of specialists in general in Sudbury. That it seemed to be a larger issue than one particular doctor was really foremost in my mind. I just assumed that that meeting would happen. I assumed that the people who were now in direct contact were able to negotiate their own meeting times and make those arrangements happen. It was a clear understanding that those meetings were going to happen.

**Ms Jackson:** Then the next identifiable event, from the documents you have been able to locate, is a letter that arrived in the minister's office, and I take it that it was sent to you from the region. This is a letter dated November 28, 1991, enclosing a number of things, including a resolution demanding the attendance of three MPPs and the Minister of Health at a December 5 meeting.

**The Chair:** That is being distributed as exhibit 60.

**Mr Corea:** Yes. On the upper right-hand corner is my writing indicating that I have logged that with the corporate correspondence unit. I was really just keeping a copy of this in the file but it was going to be responded to by the normal ministry process of correspondence.

1030

**Ms Jackson:** But it was of significance to you to know that this political situation, in effect, was heating up again in Sudbury?

**Mr Corea:** I did not see that it was heating up. I saw this as just confirming that the meeting was going to occur and that there were requests that the minister attend.

**Ms Jackson:** It is more than a request, is it not, Mr Corea? It is a demand that our three MPPs, the Minister of Health and Deputy Minister of Health attend the Sudbury medical association on December 5. In your view that did not escalate the situation at all.

**Mr Corea:** At the time it did not seem to escalate.

**Ms Jackson:** It was already at that level in your mind?

**Mr Corea:** It was very clear that Dr Donahue was not the only physician who felt that he would be affected and that not only was the area physician specialist concerned about it, but it was also clear, I recall, that others in the community were quite concerned about it and that the medical society, Mr Davies and others within the community were quite—it was at a level where I do not think this



added anything to that. There were quite a number of people in the Sudbury area who were concerned about the possibility of loss of specialist service.

**Ms Jackson:** In fairness to you, there might have been some confusion in my question. When I say "the situation," I am referring to the situation of protest and reaction among the medical community in Sudbury. In your mind it was already at this level of interest before you received exhibit 60?

**Mr Corea:** Yes, it was.

**Ms Jackson:** And clearly one element of that situation continued to be Dr Donahue—

**Mr Corea:** Certainly.

**Ms Jackson:** —who was in fact copied specifically on this letter.

**Mr Corea:** Where?

**Ms Jackson:** On the second page of the addressees.

**Mr Corea:** On the second page?

**Mr Cavalluzzo:** Can you point out where, counsel?

**Ms Jackson:** If you look at the list of addressees.

**The Chair:** It is on the second page, fourth name from the top.

**Mr Corea:** Yes. This seems to be a copy of a large—

**Ms Jackson:** Then could you turn to exhibit 33 please, Mr Corea. That is an e-mail that you sent to all the people who are shown there.

**Mr Corea:** Yes.

**Ms Jackson:** You say in the first paragraph, "Dear Bob"—that would be Dr MacMillan—"I have spoken with David Sword in Minister Martel's office and passed on the key points in your e-mail."

Are you able to identify what e-mail that is, Mr Corea?

**Mr Corea:** That would be the e-mail from Dr MacMillan.

**Ms Jackson:** There is one on that day, which is exhibit 31.

**Mr Corea:** Yes.

**Ms Jackson:** Sorry; it is not on that day. It is eight days earlier.

**Mr Corea:** There is exhibit 35, which is an interoffice memo from Dr MacMillan. Sudbury is the subject of that and it says, "Please be advised Eugene LeBlanc"—and continues. That is actually where David Belyea's name appears within this sequence of participants.

**Ms Jackson:** So exhibit 33 is a response to exhibit 35?

**Mr Corea:** Yes, well, it incorporates those. Yes, it is a response to that and quite possibly to a phone call directly with Dr MacMillan where he has asked me to pass on some information.

At this time the decision for Dr MacMillan and Dr LeBlanc to go to Sudbury on the 30th, from my understanding, had been agreed to by the deputy minister but he had not had a chance at that point to pass it on to Dr MacMillan and Dr LeBlanc. There had been a request directly to Dr MacMillan from Mr Sword about when they were going up to Sudbury. I recall a conversation with Dr

MacMillan where he was confused because in his mind it was December 5. So there were some back and forth, brief conversations to clarify, and then a decision that indeed Dr LeBlanc and Dr MacMillan would go up on the 30th to meet with Minister Martel, Mr Laughren and others, to really address some of the questions related to the cardiologists in the Sudbury area. My understanding of it was that meeting was in part arranged because Ms Martel was not available on December 5, the night that was proposed for the meeting.

**Ms Jackson:** Neither Ms Martel nor Mr Laughren were available on the 5th.

**Mr Corea:** Right.

**Ms Jackson:** The meeting was going to take place on the 30th, dealing with the cardiologists in part, but also to address the general area of the medical protest in that area, to talk to doctors about it. Is that fair?

**Mr Corea:** That is true.

**Ms Jackson:** That would include Dr Donahue?

**Mr Corea:** I am not clear that Dr Donahue was specifically the focus of that. Really I did not participate in that meeting, but my understanding of it was that it was going to be held with the cardiologists. Whether Dr Donahue was or was not going to be present, I did not ask at that time.

**Ms Jackson:** Certainly at this point in time the Dr Donahue issue and the closing of his office was still an issue in Sudbury.

**Mr Corea:** From my understanding of the situation, it was still an issue.

**Ms Jackson:** So it would be reasonable to assume that issue might come up in the course of the attendance of these three key political figures in Sudbury.

**Mr Corea:** Yes.

**Ms Jackson:** During the course of making these arrangements, you continued to be in touch with David Sword and Ms Martel's office about this issue and how it was being addressed?

**Mr Corea:** Yes. In some sense this kind of plummeted me back into this because of the confusion about whether a meeting would occur on the 30th or not. I thought the issue had been generally resolved, that a meeting on the 5th was scheduled, that the guest list, if you want to call it that, had not been finalized, but that parties were in direct contact about the meeting and that that would be the focus of the exchange.

**Ms Jackson:** I understand, but you did continue to stay in touch with Mr Sword?

**Mr Corea:** Yes.

**Ms Jackson:** Did you also continue to stay in touch with Ms Doherty about these arrangements and with respect to the Sudbury medical community issue when you got plummeted back into it?

**Mr Corea:** Yes.

**Ms Jackson:** So during this period again you would be in regular contact with those two people about the medical issue in Sudbury?



**Mr Corea:** Yes. Not regular in the sense that we had a phone call each and every day; it would be that they would phone me and I would try, after a series of time, to try to get back in touch with them. During this week one of the other people I work with was on holidays and it was an extremely busy time for me. Essentially, I was doing the work of two people at that point.

**Ms Jackson:** But this was one of the tasks you were attending to?

**Mr Corea:** Yes.

**Ms Jackson:** And it involved more than one conversation with both David Sword and Ms Doherty?

**Mr Corea:** Yes.

**Ms Jackson:** On the issue of the medical community in Sudbury and perhaps also with respect to Dr Donahue?

**Mr Corea:** Yes.

**Ms Jackson:** Could I ask you to look at a fax which you have given us a copy of dated November 29, 1991, at 6:03 pm from yourself to Susan Colley and a list of other individuals. Mr Chairman, could we mark that as the next exhibit?

**The Chair:** Yes. That is marked as exhibit 61.

**Ms Jackson:** Mr Corea, the copy of the e-mail you will be given has one sentence at the end of the second paragraph which has been removed. Apart from that deletion, can you indicate whether or not you sent a copy of this e-mail?

**Mr Corea:** Yes, I sent a copy of this.

1040

**Ms Jackson:** All right. Just coming back to exhibit 61, would you have passed on the information in this e-mail to David Sword and Ms Doherty?

**Mr Corea:** No. This was really directly to Susan Colley and other members of the minister's staff. I saw this as reporting on a phone call that was to the minister's office solely.

**Ms Jackson:** All right. Then on December 2 you received an e-mail from one Gail Lowe, which you have given us a copy of. Mr Chairman, could we mark that as the next exhibit and distribute that?

**The Chair:** Yes. It is being distributed as exhibit 62.

**Ms Jackson:** Who is Ms Lowe, Mr Corea? Do you know who Ms Lowe is?

**Mr Corea:** Yes. She is the executive assistant to Mr Dave McNaughton, who at this time was the assistant deputy minister in this area.

**Ms Jackson:** Was she asked to monitor the situation with Dr Donahue, do you know?

**Mr Corea:** I do not know if she was asked to monitor the situation. I received a copy of it. I am assuming that, in part, this is a response to the request for an update, a sense of keeping information flowing about what the situation in Sudbury was generally.

**Ms Jackson:** So to the extent that any further information came into people's possession about the situation

in Sudbury and particularly Dr Donahue's situation, that information was circulated?

**Mr Corea:** Yes.

**Ms Jackson:** To a range of people within the ministry?

**Mr Corea:** Yes.

**Ms Jackson:** Including yourself?

**Mr Corea:** Including myself, yes.

**Ms Jackson:** Then on December 3 you received a fax transmission from Nuala Doherty, which you have been good enough to give us. Could I ask that it be marked, Mr Chairman, as the next exhibit?

**The Chair:** It is to be marked as exhibit 63 and is now being distributed.

**Ms Jackson:** There is an indication in that fax from Ms Doherty that the Ministry of Health was going to work on a joint statement to be made by the three MPPs. That would be Ms Murdock, Ms Martel and Mr Laughren?

**Mr Corea:** Yes.

**Ms Jackson:** Was that in fact agreed, that the ministry would be doing that?

**Mr Corea:** Not by me.

**Ms Jackson:** Oh.

**Mr Corea:** This is Ms Doherty's understanding of a conversation. I responded, indicating that we did not think it was appropriate to be creating a joint statement, that the Ministry of Health was involved with providing information about various aspects of the underserved area program, the threshold agreement to clarify that situation, but we were not scripting a joint statement.

**Ms Jackson:** Did you understand that what she lists here is what she was hoping would be addressed in the joint statement that you did not, in fact, decide to make?

**Mr Corea:** Right. I understood that this was what she would want addressed.

**Ms Jackson:** The fifth point there in what she wants addressed is the question: "Are doctors' salaries public record? Can they be brought up for discussion by any member of the public?" Did you have any discussion with her as to what she meant by that item on this list?

**Mr Corea:** No. I can remember looking at that and thinking that she does not understand. In this situation, doctors are not paid under a salary. They are on a fee-for-service billing and in that respect they operate as individuals in business. The notion of a salary is either an imprecise use of words relating to income or else is not a clear understanding of how doctors receive income.

**Ms Jackson:** So she does not appear to understand the financial structure under which doctors are paid.

**Mr Corea:** Yes.

**Ms Jackson:** Would you say she also does not appear to understand whether that financial structure is something that can be made public or not?

**Mr Corea:** That would be what is clear from—that would be an understanding of that point.

**Mr Jackson:** Did you talk to her to attempt to clarify whether they could or could not be made public?



**Mr Corea:** I do not recall specifically dealing with each item in this memo. It is quite clear to me that throughout this we have stated very clearly that information related to doctors' practices, including their salaries, unless they consent to the discussion of it, is not available. To my mind, it has been dealt with but—

**Ms Jackson:** But is it fair, Mr Corea, although it is now clear in your mind, that there is some indication that it was unclear certainly in the minds of people outside the ministry as to the extent to which that information could be made public?

**Mr Corea:** I do not know how much further outside of the ministry. From Ms Doherty's memo to me, it might be unclear to her.

**Ms Jackson:** With respect to others inside the ministry, apart from yourself, do you agree that there seems to still have been some confusion as to what extent information about doctors' financial information could be made public or not?

**Mr Corea:** I am sorry. Could I get you to repeat that?

**Ms Jackson:** Within the ministry, did there appear to you to be some confusion as to whether the information concerning doctors' practices could be circulated or not?

**Mr Corea:** I am not sure. From reading this memo, I would think that within the ministry there appeared to be confusion about that.

**Ms Jackson:** No, I am actually not at this point asking you the question with respect to the facts. Generally, as of this time, was it not reasonably clear to you that there was still some confusion within the ministry as to what information about a doctor's practice could be generally circulated and what could not?

**Mr Corea:** I do not recall forming any impression about what the ministry thought.

**Ms Jackson:** So you just did not consider whether that was a clear issue to anyone other than yourself.

**Mr Corea:** No, I did not.

**Ms Jackson:** You mentioned to me yesterday that during the week of December 2 you met with Alan Ernst of Ms Murdock's staff and, I think you indicated, with Mr Sword and Ms Doherty as well. Is that correct?

**Mr Corea:** Yes. My recollection of it was this. The fax of December 3 was really following along from a meeting in which Ms Doherty, Alan Ernst and David Sword—and there could have been others who attended that meeting. I do not precisely recall who participated in it, but it was around discussion of preparation of some informational material for the December 5 meeting.

**Ms Jackson:** So the purpose was to share information with respect to that meeting.

**Mr Corea:** Yes.

**Ms Jackson:** At that time, Dr Donahue was still an issue in Sudbury?

**Mr Corea:** Yes.

**Ms Jackson:** Is it fair to assume that Dr Donahue was likely discussed in the context of that meeting?

**Mr Corea:** He certainly was not discussed by me. Dr Donahue's situation had, for me, quite receded in importance at this point. My involvement was to assist in the development of an information kit that would explain elements of how the Ministry of Health was ensuring that services would be delivered in the north.

**Ms Jackson:** It is possible that Dr Donahue was discussed, but because it was not a high priority in your mind you do not recall one way or another?

**Mr Corea:** That is true.

**Ms Jackson:** If it was discussed, is it possible that you provided them with information concerning Dr Donahue?

**Mr Corea:** I do not know what additional information I would have at this point to provide on Dr Donahue that they did not already know.

**Ms Jackson:** So you cannot recall one way or another?

**Mr Corea:** I cannot.

**Ms Jackson:** You, as I understand it, and I think you have said, did not attend the meeting in Sudbury on December 5.

**Mr Corea:** No, I did not.

**Ms Jackson:** Indeed, you departed on vacation shortly thereafter, December 8?

**Mr Corea:** Yes, on December 8.

**Ms Jackson:** And returned on December 29.

**Mr Corea:** Yes.

**Ms Jackson:** And were told, as I understand it, that some things had happened with respect to Dr Donahue and Ms Martel in your absence.

**Mr Corea:** Yes.

**Ms Jackson:** I think you indicated yesterday that you had a conversation with Ms Colley about that.

**Mr Corea:** Yes, I did.

1050

**Ms Jackson:** Can you tell the committee what you were told?

**Mr Corea:** I contacted Ms Colley, who was also out of the country. I phoned her in England at her request and was told that a delay had occurred in the planned schedule of the House, that Ms Martel had apparently made comments that had caused considerable debate and activity in the House, that much of the work of the House was delayed and finally dealt with in the last couple of days of sitting, but that they were able to adjourn before Christmas and that there had been an agreement to form a committee to examine the statements.

**Ms Jackson:** What, if anything, were you told about what Ms Martel had said and why?

**Mr Corea:** I do not recall the exact words, but I was told that Ms Martel had seen a file and that there could be charges laid.

**Ms Jackson:** You were told that she had seen a file and that there could be charges laid.

**Mr Corea:** Yes, that the reports in the press—and I assume also in the Legislature—were that she had seen a file concerning Dr Donahue and that there would be



charges laid and that this had occurred in a discussion on December 5 in Thunder Bay.

**Ms Jackson:** Were you told anything about whether there was any substance to those statements as to whether she had seen any files and whether there were to be any charges?

**Mr Corea:** I recall asking quite clearly: "Is that true? Was there any consideration of charges being laid against Dr Donahue?" I was quite surprised that was even an issue for discussion. I did not understand why charges would be laid against him. For what? It was all quite stunning to me to sort of come back to some kind of comment that charges were even a subject of discussion.

**Ms Jackson:** Were you told whether Ms Martel had seen a file?

**Mr Corea:** No, I was not told that she had seen a file, but that there was a lot of confusion around it, that these were comments made but that no one could understand what was meant by all of this, and that the whole issue was very confusing.

**Ms Jackson:** What were you told, if anything, about whether any confidential information concerning Dr Donahue had been released from OHIP?

**Mr Corea:** I was told that at some point in the week of December 9, I believe, Paul Howard in the minister's office had been working late and had received a phone call from a reporter, I believe it was Anne Dawson, who told Mr Howard something about a memo that had been released from OHIP that was widely available.

**Ms Jackson:** Were you told anything more?

**Mr Corea:** I do not recall anything more about it; just that it had come out through this conversation directed to Mr Howard by Ms Dawson.

**Ms Jackson:** Thank you, Mr Corea. Those are my questions.

**The Chair:** Thank you very much, Ms Jackson. In dealing with the rotation, it is now going to be to the government members to ask questions. I would just like to remind members: On the issue of interruptions and interjections during the questioning, I expect that would not occur.

Second, in keeping with the amount of time Ms Jackson has spent with Mr Corea, I will be giving, on a rotation basis, one hour per caucus in terms of questioning Mr Corea. I feel that is a substantial period of time. I would ask all members of caucuses to keep their questions within that period of time. It is up to them how they wish to use it, but being sensitive to some of the discussions which emanated yesterday, I would think that all members of all caucuses could keep well within that period of time. Having said that, I will open up to—

**Mr Christopherson:** Could I ask a question? Point of order.

**The Chair:** Yes.

**Mr Christopherson:** I was just curious. I think with Mrs Dodds it was 30 minutes initially.

**The Chair:** Yes.

**Mr Christopherson:** I am just curious. I am not questioning. I am just curious for my own edification. What kind of criterion are you using when you are throwing out the initial time frames, a half hour for Mrs Dodds and an hour today?

**The Chair:** Basically the criterion is the same that was given in terms of the questioning to Dr MacMillan, opening session. The time that Ms Jackson took with Dr MacMillan was very much the same time taken with Mr Corea, and the time for questions per caucus was one hour. I have reviewed that extensively and it is on that basis that I have made that decision, and it is up to each member of the caucus as to how he wishes to use that. But I want to alert everyone that I want to stay well within that period of time.

**Mr Conway:** I would suggest an hour is quite generous. From our point of view I think 20 to 30 minutes will be quite satisfactory.

**The Chair:** Well, again, thank you very much, Mr Conway, but certainly each caucus would be able to utilize whichever portion of that time period is up to them. I will now open it up to Mr Mills.

**Mr Mills:** Thank you very much, Mr Chair, and I thank you for your advice about interjections. I am sure that my questions will be quite novel; they will be straightforward, to the point and they will not have any innuendo, double meanings; they will not excite you people. So to the question, Mr Corea.

**Mr Elston:** Now I'm excited.

**Mr Kormos:** You went and did it, Gord.

**The Chair:** I am glad that all members of the committee heeded my instructions with respect to interjections and interruptions. It lasted all of two minutes. I do truly and seriously caution members of the committee that in dealing with the respect that is required to be given to all witnesses, I believe that interjections and interruptions are clearly, clearly inappropriate. Mr Mills.

**Mr Mills:** Thank you very much, Mr Chairman. Mr Corea, I have three questions to ask you, and as I have said previously, they are going to be very straightforward. My first question is, did you, sir, ever disclose personal, confidential information about Dr Donahue to anyone outside the Ministry of Health?

**Mr Corea:** No, I did not.

**Mr Mills:** Thank you. My second question, sir, is, did you ever see or have access to Dr Donahue's file?

**Mr Corea:** I am not clear what is understood by the use of the word "file," but I did not have access to any other information about Dr Donahue other than what has been presented within the exhibits.

**Mr Mills:** That is really what I was looking for. Thank you.

**Mr Corea:** So, in my mind, nothing that I have seen would constitute a file.

**Mr Mills:** Okay, sir, and my last and final very succinct question is, did you know whether anyone was considering charges against Dr Donahue?



**Mr Corea:** No, I did not know that and I was, as I indicated, quite surprised that that was what was at issue or formed part of the issue while I was on vacation.

**Mr Mills:** Those are my questions. Thank you very much, Mr Chair.

**The Vice-Chair:** Thank you, Mr Mills. Mr Owens, please.

**Mr Owens:** Thank you, Mr Chair. Mr Corea, I want to bring you back to the day where you returned the memo to Dr MacMillan. Can you tell us, in terms of the atmosphere that you found in the room when you came to the office where Dr MacMillan was meeting with Dr LeBlanc, how you would describe the atmosphere in that room?

**Mr Corea:** Well, it seemed very much focused on, first of all, the telephone conversation that was going on and then subsequent discussions that we had and which I have indicated were very much more the focus. It did strike me at the time that in returning the documents to Dr MacMillan more was not made of it. It was just that they were accepted and put away in his briefcase, but they were not the focus of the discussion. It was really other issues and other aspects of the confusion that seemed to exist around the threshold issue, an attempt to understand what other people understood about threshold exemption, some way of clarifying that. So it was really a discussion that ensued that elements of the threshold issue could be explained more clearly to the community.

1100

**Mr Owens:** So in your mind, Dr MacMillan did not appear to be upset about the fact that perhaps some personal information about a physician in Sudbury had been in the memo that you were returning?

**Mr Corea:** To me he did not appear to be upset. He accepted it and put it away in his briefcase, but he was neither upset nor extremely relieved to get it back.

**Mr Owens:** You mentioned that Dr MacMillan was in the process of having a telephone conference call at that point. Do you know who was on the other end of the phone?

**Mr Corea:** I believe it was Mr Davies from the regional municipality of Sudbury.

**Mr Owens:** Okay. Was there anyone else in the room besides Dr MacMillan and Dr LeBlanc at that point?

**Mr Corea:** No, it was Dr MacMillan and Dr LeBlanc and myself.

**Mr Owens:** You mentioned yesterday that in terms of your work life around the ministry you did not want this particular issue to take over. Were you dealing with other issues at that time?

**Mr Corea:** There was a wide range of issues. In fact, one of the issues that I think at this time I was dealing with, Mr Owens, was around The Toronto Hospital. At this time, in the press were announcements that there would be layoffs at The Toronto Hospital, and that was of considerable concern within the minister's office.

There was ongoing work related to the regulated health professions acts, and at periods of time throughout the early part of November there were numerous requests for

information about how the regulated health professions acts were proceeding through clause-by-clause.

I was also involved with the OHIP reallocation review, meeting with various community groups which were concerned about the level of addiction services in Ontario, particularly in light of the out-of-country decision of October 1. I was dealing with individual situations as well relating to a number of MPPs, including Mr Scott and Mr Runciman.

In addition there were ongoing and frequent requests for assistance around health cards or around physician payments. The Ontario health insurance division was still struggling with the health card issue and distribution of that, and that was having some effect on the physician payments, so that there were lots of requests for some brief assistance or clarification of where various pieces of payments were standing.

**Mr Owens:** So while the viewers out there in cable land may perceive that this was the only issue that you were working on, in fact you were juggling a heavy workload and working on numerous issues of importance at that time?

**Mr Corea:** Yes, certainly at this point in time it was one of a large number, and I can quite honestly say it was not the most important thing in my mind that I was dealing with, because there seemed, increasingly, to be other people dealing with it and something that I could safely step aside from.

**Mr Owens:** If you could take a look at yesterday's Hansard from the afternoon sitting, page 1545-3, Ms Jackson was asking you a question around, again, the issue of returning the memorandum. If you look down, it is the second-last question. It starts with Ms Jackson saying, "If you had already been told that you ought never to have received it, why did you...scan it?"

Your response is, "I was not told that the information was information that I could not read or view, was so confidential it was—I was told—I was asked to destroy it...there were concerns that the information was available, but I was not told that it was so sensitive that it was not for my eyes."

Ms Jackson comes back and says: "I think you agreed with me earlier, Mr Corea, that it was implicit in what you were told that you should never have received it. If that is true, why then did you read it again?"

I guess my question is on your authorization to receive memorandums and briefing notes. This was not something that was out of the norm in your day-to-day work at the ministry?

**Mr Corea:** No, not at all, and I have taken an oath of confidentiality so that this information, plus budgetary information, information about the Ontario drug benefit plan, a lot of sensitive information I am able to see. It is clearly incumbent on me not to pass that information on and not to act on it in any way that would produce conflict of interest.

**Mr Owens:** I noted in your CV you have held a number of positions that would imply that you have had a number of positions where you have had to deal with extremely confidential issues and that you have held the highest regard for that confidentiality.



**Mr Corea:** That is correct. As part of my work I have held a lot of income-related information on studies that I have done relating to subsidy for child care and the collection of that information, and ensuring that that information was safely secured as well as treated in an extremely confidential manner was part of that contract. Through many of the contracts that I have dealt with, including that one and others for private business as well as government, there is an undertaking that the information is extremely confidential, and a variety of measures are put in place or expected to be put in place by me to ensure that that information is not distributed.

**Mr Owens:** Now, you have been with the Ministry of Health since August of 1991. Is that correct?

**Mr Corea:** That is correct.

**Mr Owens:** Okay. In that time, to the best of your recollection, how many times have you met with Dr MacMillan?

**Mr Corea:** Once. Well, I met him once and that was on November 14 when I met him in Dr LeBlanc's office. I did, within recent weeks, since my return from vacation, board an elevator with Susan Colley at the same time as Dr MacMillan got on the elevator, and he spoke to Susan Colley but did not seem to recognize me. So I have met him once and talked to him several times on the telephone and certainly by e-mail, but not again in person.

**Mr Owens:** That certainly would confirm something that Dr MacMillan testified to. He basically said that if you had walked into the room he would not recognize you. So I guess an elevator is probably even closer proximity than what this room would hold. Thank you, Mr Chair.

**The Chair:** Thank you very much, Mr Owens. Mr Wood?

**Mr Wood:** Thank you very much, Mr Chairman. Mr Corea, I only have three or four, maybe five very brief questions. From November 12 onwards, were you working on any other issues other than Dr Donahue?

**Mr Corea:** On November 12?

**Mr Wood:** From November 12 onwards, were there any other issues that you were working on other than Dr Donahue?

**Mr Corea:** Yes. Certainly, as was mentioned, the issue around The Toronto Hospital was an issue for me. I had several community groups. One of the issues that I was working on in particular was addiction services and the availability of addiction services in light of the out-of-country. To that end, there were many requests to meet with the minister on that and for community groups to explain their situation. The minister's availability was limited, and myself and other members of the minister's staff were undertaking to meet and talk with community groups so that we could understand what their issues were and whether the out-of-country decision was indeed linked to their situation.

1110

**Mr Wood:** There were a lot of other issues that were happening in Sudbury, but from the remarks that you have said now, you were not restricted just to the Sudbury problem?

**Mr Corea:** No, not at all. It was not as if I was devoted solely to the issue of Sudbury. In fact, there were a lot of simple but time-consuming information requests. At this time electrolysis also was being delisted, though the decision had been made some time before. So there were still requests for some basic information about that and the rationale for that decision.

**Mr Wood:** Thank you. We have heard some comments about the amount of e-mail that is going around from office to office and different persons. Could you tell me how many e-mails that you would get during a day?

**Mr Corea:** There could be quite a range on that. Some days I am lucky if I can get by with about 12 or 15. On other days they seem to stack up on the system—30 or more. It is a reflection of the activity within the ministry on a given day.

**Mr Wood:** Okay, and when would you read all these e-mails that are coming in?

**Mr Corea:** Hopefully, but not always, by the time I got the next lot of them. I would try and read them by the end of the day, but I must admit that I am not always successful at doing that. The end of the day can extend quite late into the evening.

**Mr Wood:** So you spend a lot of long hours. The minister's office and the deputy minister's office are on the same floor?

**Mr Corea:** Yes, they are on the same floor. They share the same receptionist on the 10th floor of Hepburn Block, and they are on the same floor. Both the deputy's office and the minister's office are connected to the boardroom.

**Mr Wood:** How many people, if you could tell me that, are employed in the minister's office on the political staff?

**Mr Corea:** In the minister's staff there are—

**Mr Wood:** I am talking about the political staff of the minister.

**Mr Corea:** Thirteen people. Now, some of those would be seconded from the ministry to the minister's staff. At the time there were two members of the public service who were working within the minister's office: a management intern who was in the minister's office for a period of three months and another former executive director within the ministry. Previously other members of the Ontario public service were working in the minister's office, but at this time I think that person had left.

**Mr Wood:** Okay, so you are talking—

**Mr Corea:** About 13.

**Mr Wood:** —about 13 people, okay. You have already told me that the deputy minister's office, Michael Decter's office, is on the same floor.

**Mr Corea:** Yes.

**Mr Wood:** Could you tell me how many civil servants work for Michael Decter, the Deputy Minister of Health?

**Mr Corea:** Directly in his office? I believe there are five working directly with Mr Decter. There is, of course, the balance of the ministry that work with him, but five work directly with him: an executive assistant, an administrative assistant,



and I believe three office staff who are involved in scheduling his meetings.

**Mr Wood:** Thank you very much. Those are all my questions.

**The Chair:** Thank you very much, Mr Wood. Mr Kormos.

**Mr Kormos:** You guys sure write an awful lot of memos.

**Mr Corea:** There certainly is a lot of paper that is generated.

**Mr Kormos:** Is all of it really necessary?

**Mr Corea:** I suppose it is a reasonable question. There certainly are a lot of meetings as well, and maybe it is not clear that—

**Mr Kormos:** Well, I come from Welland, down on the Niagara Peninsula, and they listen to stuff like this and they go: "Holy zonkers, what is going on up there? Do those people spend their entire working day sending memos to each other and organizing meetings to the point where precious little gets done?" I am telling you. You have heard that before, have you not?

**Mr Corea:** Well, there are a lot of requests for information that do come in to our office, and to get that information does involve linking and dealing with others. Yes, there is a lot of paper that is generated. It seems to me that each day we destroy a small part of the forests of Ontario.

**Mr Kormos:** But when you look at these, you see the list of CCs sort of expanding exponentially.

**Mr Corea:** Yes.

**Mr Kormos:** What gives there? I really mean this. I do not get a chance to ask this kind of question too often. I do not get a chance to ask very many questions very often at all any more. I do not get a chance to ask these kinds of questions. What gives? How come this list of CCs grows and grows and grows? What is happening there?

**Mr Corea:** It is essentially a "for your information." The CC, as I understand it and use it, is really a "for your information." It is not necessary that you examine and read everything in detail, but just so that you have an idea. The activity of the ministry is certainly complex, and to maintain some level of awareness of what else is going on is, in part, what is involved with copying a variety of people. It is just really a "for your information"—a shared understanding. Sometimes I do agree that the list of CCs is much longer than the actual message itself.

**Mr Kormos:** Is not some of it a little bit of "cover your butt" sometimes?

**Mr Corea:** Some of it is an attempt to ensure that other people are kept duly informed, but there are many, many reasons that you can use the CCs. They can be also used to add weight to a particular request. They can also be used to make sure that everybody along the chain of command is aware that a request is being made. But some of it is certainly just so that everybody knows. There is that element to it.

**Mr Kormos:** Was there anything ever secretive about the suggestion that Ms Martel, Shelley Martel, was perhaps,

if only by virtue of being the MPP for—what?—Sudbury East, interested in the issue of threshold and exemptions for northern doctors?

**Mr Corea:** No. It is certainly within her area of interest as minister to be concerned about northern health issues, and in fact I thought that for her it was a wider issue. The issue of thresholds had more significance because she is Minister of Northern Development and Mines.

**Mr Kormos:** The Minister of Northern Development is somewhat directly involved in the whole UAP issue, is she not?

**Mr Corea:** Yes, she is. She is very much involved in that as a program to attract physicians to the north, which has been an ongoing struggle in Ontario.

**Mr Kormos:** That program at least in part falls within the scope of Northern Development?

**Mr Corea:** Yes, it certainly would fall within the scope. It is a Ministry of Health program, but it is a program that would be of considerable interest to her ministry.

**Mr Kormos:** And Dr Donahue, the dermatologist, was well known—boy, am I ever going to be careful with this one—to your ministry staff—I speak of the Ministry of Health staff—as an outspoken opponent of the threshold.

**Mr Corea:** I am not sure whether, prior to the second week in November, he was known, but clearly the events following, say, November 8 onward, with the number of interviews that were being done it was quite clear that he had some quite strong concerns about the threshold issue as well as other decisions by the government.

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**Mr Kormos:** And then with the dramatic flair that I envy, he shut down his clinic?

**Mr Corea:** Yes, he did shut down his clinic in that period of time.

**Mr Kormos:** And he had metamorphosed into an opponent of threshold while earlier being a person who was seeking the help of the MPPs from the north in getting an exemption from the threshold.

**Mr Corea:** I had not considered it in those kinds of terms, but it would seem like a dramatic exit.

**Mr Kormos:** You knew that Ms Martel was making inquiries and talking to as many people as she could on behalf of northern doctors about the issue of exemption.

**Mr Corea:** Yes. It was quite clear to me that Ms Martel was talking—and I assumed that that was part of her role as minister—directly with Ministry of Health officials and, I assumed, with others. In fact, I recall that Mr Decter indicated that she had talked with him directly. So she had talked with, clearly, Mr Decter, and a range of people within the ministry.

**Mr Kormos:** Because whether or not Ms Lankin ever saw fit to grant exemptions to those northern doctors, the end result was—what?—she did not.

**Mr Corea:** No, she did not.

**Mr Kormos:** But Ms Martel and Floyd Laughren were at least two of the people, MPPs—as it is, ministers—who were questioning the threshold as it applied to northern



doctors and querying as to whether or not maybe some—if not all of those doctors, but at least some—should not be entitled to exemptions?

**Mr Corea:** I am not sure that they were questioning the threshold decision. I think that they were looking for ways to ensure that medical services in northern Ontario and Sudbury in particular, but in northern Ontario in general, did not deteriorate. If it was through the threshold or there were required other programs or adjustment of programs, there had to be some way of ensuring that residents of northern Ontario had access to medical services. That was not affected by the threshold decision.

**Mr Kormos:** Did you know that Dr Donahue had directly contacted Ms Martel, or at least her office, with a view to obtaining an exemption?

**Mr Corea:** No, I did not know that he had directly contacted her. I understood that he had contacted Mr Laughren's office, but it makes sense that he would also contact Ms Martel.

**Mr Kormos:** Was it you who wrote a memo to Ms—maybe it has already been dealt with. I have been doing my best to keep track of the memos, even in the brief context to your participation in this hearing, but was it you who wrote the memo—what, around November 15, 1991?—to Ms Martel advising that Dr Donahue's billings are confidential?

**Mr Corea:** Yes, I said that the details of his practice are confidential, and it was to her office. I have not spoken directly with Mr Laughren or with Ms Martel on this. At no time have I spoken to Ms Martel or Mr Laughren directly. I have talked with their offices, but not directly with them.

**Mr Kormos:** I do not know if you had a chance to see the reaction of some of the people in this room when you talked about your meeting with Diane McArthur. Sure, a couple of people in here darned near suffered whiplash the way their heads jerked to attention. You met with Diane McArthur at—

Interjection.

**Mr Kormos:** Well, it was just an observation I made, Chair; I am not sure whether other people shared the observation or not.

The meeting with Diane McArthur where you talked about the sequence of events dealing with the e-mail and the censured e-mail and the return to MacMillan of the e-mail and all that: Once again, who asked you to talk to Diane McArthur?

**Mr Corea:** No one asked me to talk. She asked to talk to me and I took it as a courtesy that she was—

**Mr Harnick:** This is the woodshedding meeting. Ah.

**Mr Kormos:** You see, there we go again.

**Mr Wood:** Excuse me, at this point in time—

**Mr Mills:** There we go, Mr Chair.

**Mr Wood:** I am objecting—

**The Chair:** Order. Mr Harnick, if you could please—

**Mr Harnick:** You know I think—

**The Chair:** I reminded members earlier on of interruptions and interjections. Mr Kormos has the floor.

**Mr Harnick:** Point of order.

**The Chair:** Yes, Mr Harnick.

**Mr Harnick:** Just for the clarification of the members, there were several meetings that were referred to with this witness and McArthur. Mr Kormos could be a little more clear as to the dates that he is referring to. When he talks about a meeting with Miss McArthur, is he talking about a meeting that was going on at the same time as exhibit 44 was floating around or is he talking about a meeting in December after all this was over and the reconstruction was taking place?

**Mr Christopherson:** Come on.

**The Chair:** Excuse me. Mr Harnick, if there are some questions that you may have over this particular area, certainly when the time comes you might want to ask those questions. If Mr Corea has a difficulty in responding to the questions based on the particularity or the lack thereof of any one particular question, he can so respond accordingly. Mr Kormos.

**Mr Kormos:** I think you get the drift of what I was talking about when I talked about the whiplash that might have been suffered. You may well get questions put to you by people on this committee before you are finished here this morning that are going to try to suggest to you and try to get you one way or another, come hell or high water, to somehow concede that when you, Larry Corea, went into Ms McArthur's office, why, she sat you down and in no uncertain terms told you what you were going to tell this committee or anybody else, should they ever ask you what happened about that e-mail and subsequent events. What the heck; let's talk about it now.

Mr Harnick used the phrase "woodshed." "Woodshedding" is a phrase that lawyers toss about. I am not sure, but I think it means when you take a witness, usually your client or a witness who is going to—other people here might know better than I do. People who are going to testify for your client, you take them aside and you whisper in their ear what it is that you, wink, wink, nudge, nudge, expect them to say, so as to give your client or your cause a break. I think that is what woodshedding means. As I say, there are other people here who would understand it far better than I do.

**Mr Mills:** That is what he means.

**Mr Kormos:** The conversation with Ms McArthur, me having told you what at least I think woodshedding is, was she woodshedding you?

**Mr Corea:** Certainly not. I took what Miss McArthur to be saying to me in the context was really just the courtesy of saying, "this is what, if I am called, I will be saying at the committee." She was understanding that she would be called. So it was really just a courtesy of saying this is her recollection of the events, and no indication that it was to change my recollection of the events at all.

Interjections.

**Mr Cavalluzzo:** Mr Chairman, I would ask when my witness is testifying that these gentlemen have the courtesy of not laughing. This witness is giving evidence under



oath. I realize this is not a judicial forum, but I want some respect for this witness. Thank you.

**The Chair:** Thank you very much, counsel. It is certainly something which I have reminded members of the committee time and again: that when a particular member has the floor posing questions there is a certain respect that must be given to a witness in attempting to answer the questions over this particular area.

**Mr Eves:** Point of order, Mr Chairman.

**The Chair:** I would once more remind all members to do that. Mr Eves?

**Mr Eves:** On a point of order: Perhaps the government caucus could conduct its organizational meetings outside of the committee room in the future, then. Would that be appropriate as well?

**The Chair:** Mr Eves, with respect to that point, I am sensitive to any interruption of any witness from whichever side it may occur. I would hope that all members of this committee would give to those who come before the committee the respect that they deserve. Mr Kormos?

1130

**Mr Kormos:** Thank you, Chair. The problem now is, Mr Corea, I am going to have to back up a couple of moments, because I particularly want to understand what is going on here when you are sitting with Ms McArthur. You mentioned earlier that you took an oath with respect to your current position with the Ministry of Health.

**Mr Corea:** That is correct.

**Mr Kormos:** This is not the first time you have taken that type of oath.

**Mr Corea:** No, not at all.

**Mr Kormos:** A whole lot of your work, if not all of it, over your whole professional career has involved working with confidential information.

**Mr Corea:** That is correct. There are varieties and levels of confidential information. Sometimes it related to individual families that I was working with and sometimes it related to large numbers of individuals from whom I was collecting information or in respect to whom I was collecting information. So there has been a range of confidential information that I have dealt with.

**Mr Kormos:** Among other things, you are a professional social worker.

**Mr Corea:** Yes, that was part of my training.

**Mr Kormos:** Your first bit of work in that profession, as a professional, was it family and children's services?

**Mr Corea:** Yes.

**Mr Kormos:** And that was dealing with either troubled families or troubled individuals.

**Mr Corea:** Yes, families and particularly adolescents.

**Mr Kormos:** A very fundamental principle in your profession, the social work profession, is the maintenance of confidentiality.

**Mr Corea:** Yes, particularly when you are working on issues that could appear before the court as social work that involves children and family services. Sometimes it does.

**Mr Kormos:** You learn very quickly, both in your academic training and then in your place of work, that confidentiality means exactly what it appears to mean. It is not even breached by virtue of coffee break chatter, is it?

**Mr Corea:** That is correct.

**Mr Kormos:** Your CV having been filed, a succession of jobs that you have performed, nobody has ever suggested that you have ever been anything less than entirely professional in your maintenance of confidential information?

**Mr Corea:** Certainly not to me. I have not had any suggestion to that effect at all. In fact, I would doubt, if that had been even the suggestion of others, that I would have been able to work in a consulting capacity and obtain a variety of work in that area.

**Mr Kormos:** Now, the point at where we are at here, the e-mail having been sent, you having returned it, do you have any question in your mind about having breached your oath of confidentiality at any point in your career and of course now certainly with the Ministry of Health?

**Mr Corea:** No, I have no question in my mind about that.

**Mr Kormos:** You met or you sat down, and Diane McArthur—what is her position? I forget, I cannot remember.

**Mr Corea:** She is an assistant to Dr LeBlanc. I am not sure of her exact title, but she works closely with Dr LeBlanc.

**Mr Kormos:** You work for the minister—

**Mr Corea:** Yes.

**Mr Kormos:** —for Ms Lankin, and she works, I guess, more for the deputy minister, ultimately?

**Mr Corea:** Ultimately, yes. She is a member of the public service. Her direct reporting relationship, as I understand it, is to Dr LeBlanc. Dr LeBlanc, I believe, reports directly to the deputy.

**Mr Kormos:** So you are not beholden to her in any way?

**Mr Corea:** No, not at all.

**Mr Kormos:** She is not your boss?

**Mr Corea:** No.

**Mr Kormos:** She has no authority over you?

**Mr Corea:** No.

**Mr Kormos:** You are beholden to, ultimately, the minister herself?

**Mr Corea:** Yes my responsibilities lie directly to the minister.

**Mr Kormos:** Mr Chair, will you let me know when we are five minutes, perhaps, away from the time allotted, please?

**The Chair:** I would be more than happy to. I would also like to indicate that there are other members of your caucus who have requested time. I would also like to remind all members of the committee as to the warning I gave prior to questions that I am going to hold very tightly to that one-hour time frame.

**Mr Kormos:** Bless him for wanting to share in this time. I get confused with all this talk about who is working for the ministry and who is working for the minister.



Notwithstanding, for instance, that Ms McArthur was working for the ministry and you, Larry Corea, were working for the minister, notwithstanding that you are beholden to different people, I trust there is still a lot of interchange. You work side by side.

**Mr Corea:** There certainly is. From my point of view, it is important to cultivate a reasonable and productive working relationship with ministry staff. There is a lot of information that you are very directly dependent on them for receiving, because that information is not kept or maintained or collected by the minister's office. But also it is the ministry staff who are essentially delivering the services of the ministry and ensuring that Ontario residents have access and available health services. The ministry staff are really the mainstay of the whole organization. The minister's office serves in an advisory capacity to the minister, but it is after all only 13 people. It is not a large number of people.

**Mr Kormos:** That means it is not at all unusual for you to receive information which has similarly been received by one of your colleagues in the ministry?

**Mr Corea:** No. Certainly the copying of the e-mail is just part of that; it just reflects that.

**Mr Kormos:** You work together.

**Mr Corea:** Yes, very clearly. Yes, we do work together on a whole variety of issues.

**Mr Kormos:** You do not run off in your direction and they do not run off—if it did happen that way, the bureaucracy would be even less effective than it is now.

**Mr Corea:** I would sidestep the issue of the effectiveness of the bureaucracy, but I think it is important to work very closely with ministry staff in order to deliver the health care services and ensure that Ontario residents have health care services. Particularly at this time, there are a lot of changes that are required in the health care system in Ontario, and the efforts of the minister have been to cultivate a good relationship with ministry staff, members of the community, with her own staff, because there is a lot of work to be done.

**Mr Kormos:** Basically what Diane McArthur related to you was what her participation or involvement was in the sequence of events revolving around e-mail, Dr Donahue etc. Is that a fair synopsis?

**Mr Corea:** Yes, that is what she did. She recounted to me what she would be saying. Again, I understood it to be just as a courtesy, just to indicate that this was her recollection of events.

**Mr Kormos:** Then you met with Dr Eugene LeBlanc.

**Mr Corea:** Actually, I had met with Dr LeBlanc previously.

**Mr Kormos:** But you knew Dr LeBlanc.

**Mr Corea:** Yes.

**Mr Kormos:** You had contact with him in the course of your work as a staff person of Minister Fran Lankin.

**Mr Corea:** Yes, that is correct.

**Mr Kormos:** You and he knew each other by sight and by name. We know that already.

**Mr Corea:** Yes.

**Mr Kormos:** Again, because there are no two ways about it, there is going to be much ado made about the meeting with Dr LeBlanc. Maybe there is not. Talking about again the e-mail and the return of the e-mail, how did that come about?

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**Mr Corea:** Again, it was really Dr LeBlanc stating what his understanding of the events was, what he would be saying. I did not get the sense that I could influence him or that he could influence me. It was really just a courtesy. This is a very uncertain time in the ministry as people are asked to recall events that are distant in time and their memories. Really I just understood him as saying, "Look, this is the way I recall it and this is what I'm telling the committee if I'm requested to appear." That was it.

**Mr Kormos:** That is the way it is, like it or leave it.

**Mr Corea:** Yes, you know, that was—

**Mr Kormos:** Come hell or high water, whether you agree or not, this is what Dr LeBlanc's participation or involvement in the sequence of events looks like.

**Mr Corea:** Yes. I would not expect to question Dr LeBlanc's recollection or his integrity around this whole issue. He was just providing me with the courtesy of saying, "This is what I remember."

**Mr Kormos:** Trust me; you do not have to question his integrity. There are going to be lots of other people who may well, but they have their job to do and God bless them.

**Mr Conway:** That is outrageous.

**Mr Kormos:** Those conversations with—

**The Chair:** Order, order. Mr Kormos, I would just remind you that—

**Mr Kormos:** Am I at five minutes now?

**The Chair:** No, Mr Kormos, you are not yet at that. I would just like to caution you with respect to the casting of aspersions on any member of this committee in trying to fulfil his role and responsibility on this committee.

**Mr Kormos:** Far be it from me.

**The Chair:** I think that it is important that you recognize that.

**Mr Kormos:** I take your direction. Thank you very much for the assistance, Chair.

Did either of those conversations, the one with Diane McArthur—have I got that right, Diane McArthur?

**Mr Corea:** Yes.

**Mr Kormos:** And the one with Dr Eugene LeBlanc. And once again, Dr LeBlanc, he works for the ministry.

**Mr Corea:** Yes.

**Mr Kormos:** So you are not beholden to him either?

**Mr Corea:** No.

**Mr Kormos:** He does not make any decisions about whether or not you continue your employment with Minister Lankin?

**Mr Corea:** No, it is not within his sphere of responsibilities.



**Mr Kormos:** Having sat and spoken with each of them as you did, was either of them able to impact on your recollection of the sequence of events that flowed, again involving the e-mail and the return to Dr MacMillan and all the foofaraw?

**Mr Corea:** No. I struggled to recall the events around that time period. Again I would point out that I was away and this was not on my mind until the end of December, until the 29th, that I started to even think about this. When I left I had assumed that events would continue to occur in Sudbury whereby ministry officials and the community would talk and arrive at some kind of solution to maintaining medical services. I did not consider that the document I had received was of any significance, and it was really quite far from my memory in this whole sequence. So the specific events around that were very insignificant in my mind. It has been difficult to recall, but I have my own recollections of the sequences and they differ on several points.

**Mr Kormos:** But then some short time ago you had occasion to have a chat with Mr Dee, Garth Dee.

**Mr Corea:** Mm-hmm.

**Mr Kormos:** That is the gentleman over there in the expensive grey suit.

**Mr Corea:** Yes.

**Mr Kormos:** He works for the House leader, for Dave Cooke. Is that right?

**Mr Corea:** Yes.

**Mr Kormos:** The conversation you had with him, what was that, back on January—was it the 28th of January?

**Mr Corea:** I do not recall the exact day, but it would make sense that it would be in that period of time.

**Mr Kormos:** Either just before or about the time that—well, I guess just before we were starting these sittings of this committee.

**Mr Corea:** Yes.

**Mr Kormos:** What went on there?

**Mr Corea:** To call it a conversation is kind of stretching it in some ways. What it was was similar to a hearing situation of asking me to recount and then asking clarification throughout that, but it was really just asking me to recount my recollection of events and the sequence of those events. That was it. It was nothing beyond that. In some sense I was just reporting to him my recollection of events relating to the early part of November through to the time that I left on vacation.

**Mr Kormos:** Did you have to fight off any efforts on Garth Dee's part to try to persuade you that what you recalled was not the way he would have you recall it?

**Mr Corea:** No, there was no suggestion that I should recall it in any way at all. In fact, Mr Dee made pains to make sure that he did not have access to any confidential information. He clearly stated that to me and then would ask me if any of this was confidential information, that he did not want any of that, but there was no attempt to get me to organize my story or organize my recollection of events in any kind of way. It was really me just relating what I remembered.

**Mr Kormos:** You have been around for a while doing a pile of different jobs. I trust once again, harking back to your jobs in social work, that your experience would permit you to sort of tell whether somebody was trying to lean on you or not.

**Mr Corea:** Yes, certainly. Yes, I can quite understand when pressure is being applied. It is not something that I would be unfamiliar with, but also at no time did I feel that there was pressure being applied to me to recall in a particular way or to phrase things in a particular way.

**Mr Kormos:** You mentioned that Mr Dee appeared to be being careful about not even wanting to hear anything that might be considered confidential.

**Mr Corea:** That is correct.

**Mr Kormos:** Because everybody is a little gun-shy now?

**Mr Corea:** I suppose that there is a lot more concern about what is confidential and what is not.

**Mr Kormos:** You spoke with Mr Dee. Did you give him anything? Did you give him any documents, any papers, anything like that?

**Mr Corea:** No, I did not give him any documents. I allowed him to see two messages that I had that formed part of these exhibits, but that was it. I did not have a whole set of—in fact, at that time there were only two pieces of information that I allowed him to see. One was the memo to Dr LeBlanc requesting some kind of information about Dr Donahue's situation and the possible closure of his practice and the implications on Sudbury and then, subsequently, my fax to Ms Doherty and Mr Sword indicating that this information was confidential. Those I thought were two critical pieces of it, but I did not leave those with him or provide additional ones.

**Mr Kormos:** I do not think I am going to have a whole lot more to talk to you about today after this question, but yesterday you talked about how, when you were taking the e-mail to return it to, I guess, MacMillan, who received it, Dr MacMillan sitting with Dr Eugene LeBlanc, you made some comment about actually saying, "I'm going to forget whatever little bit I gleaned from glancing at it." Is that what you said, that you glanced at it?

1150

**Mr Corea:** Yes, that I scanned it. It again did not seem to answer or respond to the questions that I had really asked, so in some senses I was dismissing it being relevant to me. But after leaving the discussion with Dr LeBlanc and Dr MacMillan, it was quite clear that this was not only a piece of information that did not seem to deal directly with my request or resolve that, but it also was something that was best forgotten.

**Mr Kormos:** You have enough things to worry about, never mind trying to remember or concerning yourself with things that are no longer relevant?

**Mr Corea:** Yes, that is correct.

**Mr Kormos:** And is that a reasonably fair—maybe it is not—but is it a reasonably fair understanding of why it



would be that you would say, "Well, we'll just sort of chuck this one from the memory banks"?

**Mr Corea:** That is certainly the way that I recall treating this: that it is not relevant, that there are other things to be addressed, there are other issues to be dealt with. This is really something that I can consign to a mental waste-basket.

**Mr Kormos:** That is an exercise that once again I trust you have honed over quite a few years of dealing at times with some really heavy loads of statistical and documented kind of data?

**Mr Corea:** Yes, it does seem to be a way of preserving a modicum of sanity.

**Mr Kormos:** Yes. Otherwise you would be dreaming about these damn things at night.

**Mr Corea:** Yes, and it seems enough to struggle with them in the daytime, but at night—

**Mr Kormos:** Yes. Okay. I think other people here want to ask you questions. I have not got any more.

**The Chair:** Mr Hope.

**Mr Hope:** Thank you, Mr Chair. Mr Corea, you do not mind if I call you Larry?

**Mr Corea:** No, not at all.

**Mr Hope:** Larry, most people curl up with a good book at night. We have lately been curling up with Hansard to try to go through some of this information. I went through it last night and I tried to figure out, as a local member, how I get a briefing note as a local member, because I start thinking, "Oh, what can I use as a case?" And I said, "Well, let's look at my own constituency."

Chatham-Kent, which I represent, is, I guess, one of the finest ridings in this province and it will continue to be. As I try to figure out how I would put a severe case in front of you, I started thinking, "Well, what if the hospital"—this is Wednesday morning or Wednesday afternoon. It is in the media that the hospital is closing its doors, services are no longer going to be rendered in Chatham. People are screaming in the media. The directors, or whatever their titles, are yelling at the media, blaming the NDP.

So come that evening I get a phone call. It happens to be from my mom who is, I guess, one of the biggest supporters that I have and will always be. She calls me up and says: "Randy, what they're saying about the NDP is criminal. It's all criminal. It can't be right. It's criminal." So as I am listening to my mom burn my ear a bit and telling me, "Listen, son, you've been brought up better than that to do something," I am sitting there taking her words of advice, quite seriously as a matter of fact, because she has a lot more power over me than a lot of people do.

So the next morning I get in my office here in Toronto and find out through the fax machines there are a whole bunch of newspaper articles covered from the London Free Press, the Chatham Daily News, Chatham This Week, all the local papers, the media scripts. The editorials are even out there blasting us. This is very important to me because it is my political career. I remember the conversation that night with my mom, saying: "This was criminal. We can't have this happen."

So what I do is I put together all this information, all the newspaper articles, and I put a covering letter on it stating some of the things about some of the comments, highlighting it for you, so you know what is going on in my riding. Then I even put the comment that, "This is criminal," and this is from a constituent, I am not going to tell you it is from my mom. You know, you would laugh at it and say: "Oh, yes. What, are you not old enough to control yourself?" So I even put the comment "It's criminal," and I give it to you and I pass it over the fax machine to you.

Where does it go from there in order for me to get a briefing note that I can go back on that Thursday night or that Friday and stand there as a local member to try to explain what is going on to the constituents who in the media have just ripped the NDP apart? It may be the end of my political career in the next election and I have to be able to respond to the concerns of my constituents. Once I send you that information through the fax machine, where does it go and how do I get information back and what information do I get back?

**Mr Corea:** Okay. What typically in that kind of a situation we would do would be, if there is information that you have provided, to pass that on through to the ministry staff that might be relevant on this issue. So if you have got some particular information, local news clippings or other material, we might pass that on in hard copy form directly to them.

If it is another request that is not accompanied by that, then it is usually just a simple e-mail. But in any case, usually an electronic message is scripted which tries to lay out the concerns and to state clearly that Mr Hope has requested a briefing around a particular hospital.

What I do is direct it to the executive assistant to the institutions branch, actually now the health systems management group, and then if I have identified which hospital it is, I can also determine which hospital area team would be involved. I would copy all of the people down the line, so I would copy the executive assistant to the assistant deputy minister, the director of the community hospitals branch, I would copy the coordinator of the area team and then the person on the area team who might have some direct knowledge about that hospital.

The purpose of that is really that I am asking at a senior level within the ministry for this information, but giving the people along the line who are actually going to assemble the information, who are most knowledgeable about that particular hospital, an opportunity to work on it. It is a kind of courtesy of saying: "This will be coming directly to you at some point, presumably. You've got a busy day. Here's some opportunity, hopefully, some advance notice that it will be coming." Then I expect the information will be passed back up through that chain of responsibility to be examined and looked at and then passed back to me.

I may well in there ask them to be in direct contact with you to explain some of the details of it. Particularly I think it is often helpful for members of the area teams to be talking directly with residents and representatives of communities.

**The Chair:** Mr Hope, I would just like to inform you that the time has expired and we are close to the adjournment for the afternoon. Having given that warning earlier on, I would like to call the meeting. The time period has elapsed.

Thank you very much. We will adjourn until 2 pm, at which time questioning will commence from the official opposition.

The committee recessed at 1158.



## AFTERNOON SITTING

The committee resumed at 1412.

**The Chair:** We will call the afternoon session to order. At the end of the morning session, the government members had completed their questioning and we were going to move into rotation. I would like, just for a brief moment, to move to Ms Jackson.

**Ms Jackson:** Thank you, Mr Chairman. Mr Chairman, Mr Kormos, you may recall, had earlier made reference to a document, in examining another witness, which was described as Mr Corea's job description and he had given a copy of that document to me. Unfortunately I could not get it back as quickly as it would have been ideal to do this morning, so he could not put it to the witness in the course of his questions, and since that is my fault, I would like to—I have given the document to Mr Corea. He has identified it as his job description. I think it has been distributed to members, and if we could just mark it as the next exhibit, that would be the end of my interruption.

**The Chair:** That will be marked as exhibit 64. Having done that, I would now like to move first to Mr Conway. I would remind Mr Conway as to the time allocation of one hour.

**Mr Conway:** Thank you very much, Mr Chairman, and we begin at 2:10 this afternoon. Mr Corea, I would like to start by just asking you some very general questions about your background. I have in front of me your résumé, which is quite impressive, and I have read it carefully. From 1989 through to, I presume, August of 1991, you were a senior consultant at ARA Consulting?

**Mr Corea:** Yes, A-R-A.

**Mr Conway:** In let's say the six months prior to your being hired as the coordinator for customer services on the exempt staff, the political staff, of Ms Lankin, the Minister of Health, in the period, say, from January through August of 1991, what sorts of work were you involved in at ARA Consulting?

**Mr Corea:** From January through till—

**Mr Conway:** Roughly the six months leading up to your joining the minister's staff.

**Mr Corea:** I was working on a project for the federal Correctional Service Canada which involved a review of files of sex offenders in the federal penitentiaries to allow them to assemble data about the nature of the sex offender population so that they could better plan treatment programs and ensure that the treatment that was provided to sex offenders was appropriate and timely.

**Mr Conway:** And that was contract work?

**Mr Corea:** That was, yes.

**Mr Conway:** And it—

**Mr Corea:** It was one of my major responsibilities.

**Mr Conway:** But that was typical of the kind of work you were doing at ARA?

**Mr Corea:** Yes.

**Mr Conway:** In the summer, in August of 1991, you join the personal staff of the Minister of Health. Can you tell me how that came about? Did you see an ad for this job? Did you know the minister? Did you know some of the minister's other office staff?

**Mr Corea:** I did not know the minister. I knew the executive assistant to the minister, Ms Susan Colley.

**Mr Conway:** I gathered that. At a later point in the testimony yesterday, you indicated that in the phone call you had with Ms Colley on the night of November 14, she could have been calling—my words, not yours—that she might have been calling on business, but you left the impression that you knew one another socially.

**Mr Corea:** Yes, that is correct.

**Mr Conway:** And that is fair to say.

**Mr Corea:** Yes.

**Mr Conway:** So you and Ms Colley knew one another and it was through that friendship that you were aware of the opportunity in the minister's office?

**Mr Corea:** Yes. It was essentially through Ms Colley's knowledge of me that she invited me to apply for that position within the minister's office.

**Mr Conway:** You applied and were successful and joined the minister's—

**Mr Corea:** Yes.

**Mr Conway:** But prior to joining the office of Ms Lankin, you did not know the now Minister of Health for the province of Ontario?

**Mr Corea:** Not personally, no.

**Mr Conway:** You had no personal knowledge of her. You did not know her as a friend or as a neighbour or—

**Mr Corea:** No.

**Mr Conway:** You had never worked with her in any previous capacity.

**Mr Corea:** No. I do not believe I had even met her prior to that.

**Mr Conway:** Thank you very much. Now, you join the minister's staff, and you join it at a time when the ministry has come through a fairly tough period of months, particularly on the subject that concerns much of this inquiry, the protection of confidential medical information. It is no secret, it is a matter of public record, that earlier in the year 1991, I believe it was in late April or in May, Ms Lankin's predecessor, Ms Gigantes, had inadvertently released a name in the Legislature that caused her to resign her position as Minister of Health.

I raise that simply because I am assuming that when you went to the minister's office, there would have been, since this was only three, four months later—Ms Lankin was relatively new to the post—at least in terms of general background, a heightened sensitivity around the question of confidential medical information, particularly as it relates to the minister's office. I say that simply because a few months before that, a very serious, distinguished

member of the Legislature had lost her job as Minister of Health by inadvertently releasing this kind of information. Is that a fair characterization of the general environment into which you went in August of 1991?

**Mr Corea:** I would say that there was a heightened sensitivity to information. Medical information—the types of information are different that you are talking about. One is medical information related to an individual patient and the types of services that they have received. I think there certainly was a heightened sensitivity around that. But there was generally a sensitivity around information flow to the minister's office and what was retained in that minister's office and how that was handled. It certainly was on my part.

**Mr Conway:** I would think that certainly with your friend Ms Colley, among others, you would have had some discussions about the importance of protecting the confidentiality of medical information as you talked about and planned to join the staff.

**Mr Corea:** Yes, and I believe I have indicated that in fact it was with Ms Colley, in her capacity as executive assistant, that we talked about that, about the importance of confidentiality in relation to personal information.

**Mr Conway:** But you did indicate yesterday in cross-examination by committee counsel that there had been no formal training as such about freedom of information.

**Mr Corea:** Right; there has been no formal training.

**Mr Conway:** The training you did receive, in addition—and it was I thought effectively brought out this morning. Your résumé makes plain that you are from the professional social worker community, so that experience, among others, would have made you very aware of just how sensitive this kind of information is.

**Mr Corea:** Yes.

**Mr Conway:** To the extent you got any additional training, it was in conversation with Ms Colley, presumably, among others?

1420

**Mr Corea:** Yes.

**Mr Conway:** I want to, having established that, come to the office in which you worked. You indicated in yesterday's testimony that "it didn't surprise me at all," and that it is quite close quarters in which you work. The executive assistant and other special assistants, the deputy's office, it is fairly close together, so people are seeing one another routinely, they are bumping into one another at the fax machines and in a variety of other locales in what is clearly close quarters, a lot of people working closely together. You are seeing three special assistants, executive assistants, to both the minister and the deputy all the time.

**Mr Corea:** Yes, they are relatively close quarters. They are by no means palatial.

**Mr Conway:** Oh, no, I am not saying they are palatial. I know that to be untrue, but it is quite close quarters—

**Mr Corea:** Yes.

**Mr Conway:** —and you are contacting people all the time. Now, having said that, I am interested to understand as well that in your office that you joined as of August of 1991 you did not know the minister but you knew the executive assistant, and had worked with her?

**Mr Corea:** Yes, I worked with her previously on a variety of other projects and had dealt with her as I was working on other projects, so that we knew each other professionally.

**Mr Conway:** How long had you known each other?

**Mr Corea:** I think I have known Miss Colley probably for about 10 years.

**Mr Conway:** So it was a good relationship over many years.

**Mr Corea:** Yes.

**Mr Conway:** You had worked together. You would describe it as—was she your best contact within the staff? You were not known to other special assistants?

**Mr Corea:** No, not when I joined the staff.

**Mr Conway:** Was Paul Howard's office anywhere near—Paul Howard's desk anywhere near yours?

**Mr Corea:** Paul shares the adjacent office to mine.

**Mr Conway:** So how far would his desk be away from you? Would it be 10, 12 steps away?

**Mr Corea:** Maybe 20 steps. You would have to walk out my door, down the corridor and into his door.

**Mr Conway:** And Sue Colley's office in relation to yours, where is that?

**Mr Corea:** The shortest route is through a meeting room that sort of separates my office and hers, so it is probably about the same distance, 20 steps or so.

**Mr Conway:** In the course of a day—Mr Howard's duties are?

**Mr Corea:** He is the communications—

**Mr Conway:** He is the press secretary to the minister.

**Mr Corea:** Yes.

**Mr Conway:** You did not know him prior to joining the minister's staff?

**Mr Corea:** No, I did not.

**Mr Conway:** I also had the impression from testimony advanced by Dr LeBlanc that he was—it seemed to me quite understandable, if I understood him; correct me if I am wrong—in and out of the minister's office routinely.

**Mr Corea:** Dr LeBlanc?

**Mr Conway:** Dr LeBlanc.

**Mr Corea:** Yes, he was—yes.

**Mr Conway:** It was in the nature of his business he was up—

**Mr Corea:** Yes.

**Mr Conway:** And you would have dealt—

**Mr Corea:** Not so much—well, certainly he would not be an unusual visitor into the minister's offices, but most often meetings are held in the boardroom that separates the deputy's office and the minister's office.



**Mr Conway:** Before I get to the primary interest for me, which are the events surrounding November 10 to 17, I was really struck by something you said yesterday. I am going to repeat it from the Hansard of 1450-2, in response to Ms Jackson. You are talking here about the requests that are coming in from—particularly in this case—Mr Laughren's office. You said something that I thought was quite noteworthy. You indicate at the bottom of 1450-2—

**Mr Coreia:** 1450-2? Thank you.

**Mr Conway:** You just say there that by about November 10, November 12, "It betrays my ignorance of the political map. I did not look at it. It was on my wall." But you really did not know who any of the Sudbury area MPPs were.

**Mr Coreia:** No, I did not know precisely. I knew that particularly, actually, Mr Laughren, his constituency was Sudbury, but I did not know the adjacent ridings.

**Mr Conway:** But if I were to say—what I am interested in here obviously is finding out whether by about November—because you are a special assistant in the minister's office responsible for customer services.

**Mr Coreia:** Right.

**Mr Conway:** I recognize from your résumé you are not what I would gather to be a political activist. I mean, often political activists are recruited to the minister's exempt staff for obvious reasons.

**Mr Coreia:** Right. Yes, I vote.

**Mr Conway:** That is right, but it does not appear to me, from what you have said and what your résumé indicates, that one of your primary claims to fame is as a fire-breathing partisan who, you know, puts up signs and does all kinds of work in support of the member from Beaches or the member from wherever.

**Mr Coreia:** Yes, I think you could characterize it that way. I do not have an extensive political involvement.

**Mr Conway:** Have you had any involvement with the New Democratic Party?

**Mr Coreia:** No, not a formal involvement. As I said, I vote, and that is basically my involvement.

**Mr Conway:** Now you are in the minister's office three or four months, and there is a very good regional issue brewing in the Sudbury basin, by all accounts, and you are the director, you are the minister's special assistant for customer services, and without any question, some of your most obvious customers are elected members of the Legislature.

**Mr Coreia:** They are one of the—yes.

**Mr Conway:** That is right; they are not the exclusive category, but they clearly represent, by your own testimony, people from whom you hear quite often.

**Mr Coreia:** Yes, that is right.

**Mr Conway:** You are simply indicating, by your testimony yesterday, that by early November, if I had said to you Ms Sharon Murdock, would that name have meant anything to you?

**Mr Coreia:** The name would have rung a bell as an MPP and I would have checked on my map as to where that

was. If someone had mentioned the name of Mr Conway, I would have done the same thing.

**Mr Conway:** And you knew that Floyd Laughren was a cabinet minister?

**Mr Coreia:** Yes, of course.

**Mr Conway:** You smile, and I take that to be a knowing smile.

**Mr Coreia:** Yes. He is also the Deputy Premier, and I would be aware of that.

**Mr Conway:** That is right. Did you know who Ms Martel was?

**Mr Coreia:** Yes.

**Mr Conway:** But Sharon Murdock was in a slightly different category. You would have to look at your map. You would know maybe she was a member, but you would not connect her with the Sudbury basin.

**Mr Coreia:** That is true. That is correct.

**Mr Conway:** Now to the circumstances surrounding the memo, which is exhibit 44, the Teatero memo of 11:41, November 13, 1991. I have read carefully what you have said, and I am keeping in mind that you are a very well-travelled professional. You have won a place in a minister's office, one of the largest offices in terms of the exempt staff in the entire government. You know well the deputy minister, and it seems to me that you have got all kinds of credentials here that are quite impressive. But none the less, you have taken on the job of being a special political assistant, in the sense this is not a bureaucratic position; this is on the exempt staff in ways that we talked about yesterday.

You have been there three months, and I can imagine the kinds of pressures under which you have worked. I think you have probably understated some of those pressures. You make reference to an occasional annoyance and that is the pressure that you get paid to bear.

But by early November, one of the government's major policies, particularly a health policy, the framework agreement, is under very significant attack in at least the Sudbury basin, in ways we have all talked about and you have talked about as well. You are hearing from the Deputy Premier's office that he is getting a lot of pressure and that his pressure has generated a specific request for information—and that is another exhibit, the number of which I have lost sight of—but we are now getting into the week of November 10 to 15, and you talked yesterday about your involvement in all of that.

I just want to be clear that I understand what you have said and what you did. You are the point person, obviously, for a lot of this information. You are the director of customer service in the minister's office, and you are hearing from the office of the Deputy Premier and you are hearing from your friend Sue Colley, your executive assistant in the office—your boss in that hierarchy—that: "This thing is pressing and we've got to get some information. The Treasurer needs to know the ministry position and he's got to get a political response," whatever that means, and we all can imagine in our own way what that might mean.



This has got to be one of the most active files you have got now, by November 12 or 13, by any stretch of my imagination. Would I be right in believing that?

1430

**Mr Corea:** No. It is one of the active files that I am working on, but it is not the most. There are other issues that are as pressing. There have been demonstrations out front of the Hepburn Block relating to the Toronto Hospital situation. There have been delegations coming to the minister's office dealing with out-of-country policies and the impact on addiction services. There is an ongoing reallocation review which, though it is not a particular area of my responsibility, I am involved in that I have to participate in, and there are a lot of other requests. There are actually, quite frankly, Mr Conway, other requests that I thought were more problematic at that particular time, that dealt with individual cases that I thought had the potential to become quite problematic just because of their nature. Obviously, I read it wrong.

**Mr Conway:** No. But you read it as you read it.

**Mr Corea:** Yes.

**Mr Conway:** I have got to accept what you say, but I am looking at this particular situation and I see the Deputy Premier's interest attached to this file.

**Mr Corea:** Yes.

**Mr Conway:** This does not decelerate over the days of mid-November. It continues to heat up in the way all this documentary evidence suggests and you are getting calls at home about this and you are talking about a certain kind of annoyance because the pressure just keeps building. I am just assuming, but you tell me it is a wrong assumption, that this was not—

**Mr Corea:** I am trying to give you an accurate sort of—that this is really one of so many events that are going on. The fall was extremely busy for the minister's office. We were attempting at that point to pull together the goals and priorities for the Ministry of Health, to have those available to deal with the other issues of hospital budgets and attempt to grapple with all of that within an attempt to move some of the galloping escalation that had been characteristic of health budgets for the last time, to bring that in line and allow some possibility for a reform of the health care system. It was an extremely busy fall all around, but—

**Mr Conway:** I can appreciate that.

**Mr Corea:** —that time in—

**Mr Conway:** But you can pardon my interest if I am looking at this file, because it also attaches to probably the most significant public policy achievement of the new government in the entire calendar year 1991. The framework agreement between the government of Ontario and the Ontario Medical Association was I think rightly seen as a very major policy achievement by and for the new government. Now, just a few months later, we are in Sudbury and it is under attack in a significant way that we all know about by virtue of reading these documents.

At any rate I am now interested in understanding this memo, the famous Teatero memo of 11:41, November 13, that is sent, we are told, among other reasons, because of

the Treasurer's urgent and in my view entirely understandable interest in getting some kind of response to this developing local-regional issue. It comes back. It would normally have been approved or looked at by Dr MacMillan, but he was away. In fact, he was in Toronto.

**Mr Corea:** Yes.

**Mr Conway:** So it comes along, it goes to Dr LeBlanc's office and with certain adjustments goes some time late in the day of November 13 into your office and you get a chance to look at it on the morning of the 14th of November?

**Mr Corea:** No. I received it on the 14th of November.

**Mr Conway:** Sorry. You get it on the morning of the 14th of November?

**Mr Corea:** Yes.

**Mr Conway:** I want to just be clear I understand. You took some pains to tell us that it did not come in interoffice mail, because it would have been in one of those brown manila envelopes?

**Mr Corea:** Yes.

**Mr Conway:** We know that. Just help me again. I want your most detailed recollection of how you got that Teatero memorandum.

**Mr Corea:** I really cannot be absolutely clear, any clearer than I have been on it, but I will recount that. I recall it being delivered to my office. I cannot recall whether it was delivered and presented to me or left on my chair. I have pushed my memory on this subject but at this point, when called upon to reflect on this, it is six or eight weeks past the point that this event has occurred. I really cannot recall whether it was given to me or handed to me or whether it was left on my chair. I am often up and out of my office and moving around. I cannot recall that. That is how it came to me.

**Mr Conway:** If it were left on your chair—and that is a real possibility; at least it seems to me a possibility from my experience around offices—given the nature of the office you have described it would not be inconceivable that other people could come and look at it?

**Mr Corea:** It would not be inconceivable—a bit difficult. By the way I have my desk positioned you would have to step around in my office and clearly be looking for it. I have my desk so positioned that I am facing the door.

**Mr Conway:** This is to the best of your recollection and it is some weeks later, but somebody either gave it to you—that somebody would either have been Diane McArthur—

**Mr Corea:** Yes, it would have been Diane McArthur. Either she gave it to me directly or she contacted me subsequently by phone to say that she had left—that is my recollection of it. I just cannot be any more specific on it.

**Mr Conway:** Either that happened or it was simply left on your chair?

**Mr Corea:** Yes.

**Mr Conway:** And it is not inconceivable that if it was left on your chair, someone in your office circle might have seen it?



**Mr Corea:** I think they would have had to be looking for something. There are so many other piles of paper in there, you would really have had to have gone in looking for a particular piece of paper to find it.

**Mr Conway:** You remember that it was a hard copy?

**Mr Corea:** Yes.

**Mr Conway:** That you remember. And you remember that you—one look at it; we now have the document amended for reasons that we all know. It is quite clear that document concerns one of your active files?

**Mr Corea:** Yes.

**Mr Conway:** A file that has the interest of the executive assistant and the Treasurer, and I think the chronology also indicates that Mr Sword by this point had also called indicating an interest on behalf of Ms Martel?

**Mr Corea:** Yes.

**Mr Conway:** This is an active file and now this arrives. It is not a particularly long document. I am talking about the first of the two memoranda. I have timed myself. I thought it would take probably 90 seconds at most to give it a good read and maybe 45 seconds to give it a second scan. It would not take long. In fact, if you put your eyes to it at all you would unavoidably pick up some very interesting information about an active file.

**Mr Corea:** Yes.

**Mr Conway:** Now, according to your testimony—

**Mr Corea:** I think, to have an understanding of it, though, you have to read it and examine it more closely, but I think you could pick up some phrases and words that might twig. From my point of view—I may read differently than you—it takes longer for me to absorb and integrate information. There is a lot of information that flows through there and I try to carefully absorb and figure out how it really fits in.

**Mr Conway:** You were a graduate student at my old school.

**Mr Corea:** Yes.

**Mr Conway:** You have got some very, very impressive academic credentials.

**Mr Corea:** Yes.

**Mr Conway:** From two very fine Ontario universities. It would be my view, and perhaps I am being too flattering, but I would think someone with a graduate degree—

**Mr Corea:** Can scan a document, yes.

1440

**Mr Conway:** I tell you, my experience with graduate students is that it is their business to learn how to absorb piles of information very, very quickly. I would just put this in the category of a very interesting abstract. If I were in your position and it came to my attention, a very quick scan would quickly, quickly present some very salient data. Now you get this; the mere act of picking this up, I would submit, would present an opportunity for some significant information. As I understand it, you do that and then you put it aside.

**Mr Corea:** Yes.

**Mr Conway:** It is shortly thereafter—do we know how much time is involved in this?

**Mr Corea:** By my recollection, the time is actually longer. I recollected that it was some time—all I can do is to place it between midmorning and noon and then noon and midafternoon. I cannot be any more specific. I really do not have any specific idea about the length of time that it was in my possession.

**Mr Conway:** You said that yesterday and I was kind of struck by it. You said at 1535-1 that your recollection of the whole document was quite vague.

**Mr Corea:** Yes.

**Mr Conway:** This may be an unfair conjunction, and correct me if I am wrong, but I took from something you said a little bit later, but very much in the same part of your testimony, that part of this difficulty is that you were on holidays for three weeks in Europe.

**Mr Corea:** Yes, not in Europe; in Central America.

**Mr Conway:** So you were out of the country in Central America for three weeks, from December 8 to December 28 or 29?

**Mr Corea:** The 29th, yes.

**Mr Conway:** Did you also tell me that Sue Colley was out of the country for part of December?

**Mr Corea:** Yes. I believe she left to visit a parent in England shortly after Christmas or right at Christmas.

**Mr Conway:** All right. But she did not leave in that period of time when you were away when the House was in session?

**Mr Corea:** No. She was here.

**Mr Conway:** But your recollection is vague because you had had these holidays and it was kind of hard to recall. That is the way I read this.

**Mr Corea:** I did not take any work with me when I went on my holidays.

**Mr Conway:** No, no. But we go to the 1535-3 and 1540-1 of the testimony yesterday and you say on 1535-3 that your memory is vague, that you can only recall a few phrases, "It was in my possession for a very short period of time and I did not study it."

Help me to understand. You are working for a senior minister who, by all accounts, is a very capable person and who has got an enormous array of pressures. One of the real pressures she has got at this point in time is that she has got senior colleagues pressing her on a file that you have some responsibility for. Now this most central of data, exhibit 44, arrives. We know lots of people are looking for it and we know that you know that. In fact, they are looking for it at times to your annoyance because—

**Mr Corea:** Mr Conway, I do not think this is central data. From my brief scan of it, it looks to me to not answer my questions, to not be relevant to the issue. I feel that actually this is not—my impression, when I push my memory of this, is that these do not answer the questions. I had an impression that whatever I received—and I could not recall it in the structure of an e-mail or, except for a



few phrases in here, that this was an answer to the questions that I was posing.

It did not deal with the impact on Sudbury. It did not deal with the possibility that on the one hand the ministry would be paying money for a northern health travel grant to have residents get to services and on the other hand be acting on the threshold piece. So it did not answer a lot of the questions for me. Maybe another person would have—maybe I would have come to a different conclusion if I had had a chance to study it, but for me on the first look, and it was a scanning look, it did not answer my questions. It was not the kind of information I was looking for.

**Mr Conway:** You are a master's in social work, with considerable experience as a family service worker. You are working in an office where the memory of the Gigantes affair is very recent. You know that a lot of people are interested in what is going on in Sudbury. You get this Teatero memorandum of 11:41 in a much less expurgated form than exhibit 44. You scan it and you do not see it as important information?

**Mr Corea:** I do not see it as important information for understanding the situation of Dr Donahue and the possibility of his practice closing. I do not see any answer in that memo that indicates that to me, and that is the kind of information—I wanted some other information that talks about the possibility of Dr Donahue closing his practice. What is going to be done to deliver those services? Is there another physician who is able to assume those services, or is there another plan? Is there anything that can be done that deals with that? For my purposes, my focus is on ensuring that services in Sudbury are maintained.

**Mr Conway:** Some time passes then. You have received it and you look at it. At some point, you get a call from someone that a meeting is being—is it Sue Colley who tells you that there is a meeting?

**Mr Corea:** Actually, my recollection was that I was out and I had picked up a fax that had come in and I bumped into Sue Colley. Unfortunately, the meetings that often occur are on the fly.

**Mr Conway:** I understand entirely.

**Mr Corea:** You are just walking by and a few comments are exchanged.

**Mr Conway:** So you meet Sue Colley on the fly and she says something about a meeting that might require your attendance down in Dr LeBlanc's office?

**Mr Corea:** Yes.

**Mr Conway:** So as you prepare to do that, you are getting an incoming fax from the Sudbury Chamber of Commerce.

**Mr Corea:** Yes. It was not directed to me, but it was coming in and I looked at it.

**Mr Conway:** It was incoming.

**Mr Corea:** Yes.

**Mr Conway:** You get that, and one of the things I thought was interesting about that was that one you really do seem to know. You have got a very clear recall about that one.

**Mr Corea:** No, I do not have a lot of recall about the details of that. I cannot recall whether it specifically mentioned Dr Donahue. I can recall comments about it, what I thought was an interesting and astute observation by Dr LeBlanc about it.

**Mr Conway:** That it was not signed in the way that—

**Mr Corea:** Yes, exactly. I had not noticed that when I handed it to him.

**Mr Conway:** You recall that about that particular fax. You also indicate in your testimony that you did take time out to log that fax into the corporate correspondence.

**Mr Corea:** No, I did not at that point; subsequently that was logged in. When I had that in my possession, it was not logged in at that point.

**Mr Conway:** So you get down to Dr LeBlanc's office and you meet Dr MacMillan for the first time.

**Mr Corea:** Yes.

**Mr Conway:** It is very clear from Dr MacMillan that he has seen exhibit 44 and he is concerned.

**Mr Corea:** That has been—

**Mr Conway:** —communicated to you earlier.

**Mr Corea:** It has been communicated to me that he was concerned. I did not know about "very concerned" or anything else, just that he was concerned.

**Mr Conway:** Can you tell me again exactly what his discussion with you was around? You had the document in your hand?

**Mr Corea:** Yes.

**Mr Conway:** Diane McArthur had asked you to destroy it, but as you indicated yesterday, you thought to return it to source because you had some other reason to go down there.

**Mr Corea:** Yes.

**Mr Conway:** You did not destroy it. You scanned it a second time on your way down to the meeting. You get to the meeting and you meet Dr MacMillan and he is, by his own testimony, quite concerned that this kind of information is floating around in places where, as I recall his testimony, it ought not to have been.

**Mr Corea:** I understand that to be his testimony.

**Mr Conway:** Now, he tells you what? What do you remember?

**Mr Corea:** When I walked into the room, I recall that they were engaged in a telephone conversation, and that continued for some period of time. That is really the item on the agenda right at that point. Both Dr LeBlanc and Dr MacMillan are dealing with that.

**Mr Conway:** On your way down to this meeting you have got two things: You have got the Teatero memorandum of 11:41 and you have got the fax. They clearly relate, broadly speaking, one to the other, because they are the same issue.

**Mr Corea:** They relate in my mind because they are indicating that various citizens and groups in Sudbury are quite concerned about this as an issue, and it is not isolated, it is not one physician or one individual making—



1450

**Mr Conway:** On your way down to Dr LeBlanc's office, you look at this. You look at this fax and you read it to at least get that kind of understanding, and you have given it to us both today and earlier; that is, the chamber of commerce fax. You have got that fax in your hand.

**Mr Corea:** I do not believe I have given it to you, but it—

**Mr Conway:** No, but we have talked about it. You told us what it is, that there is a fax from the chamber in Sudbury and it indicates there is a concern around the whole question of provision of medical services and what might happen as a result of the agreement, the thresholds, all of that business in some way or another. Now, you have got that at the same time as you have got exhibit 44.

**Mr Corea:** Yes.

**Mr Conway:** You are going down to this meeting. You know on your way down to the meeting that Dr MacMillan is concerned, and you have been given orders to destroy exhibit 44. You do not do that, but you are aware of that level of concern.

**Mr Corea:** Yes.

**Mr Conway:** Now, you scan this exhibit 44 again on your way down.

**Mr Corea:** Wondering, you know, what is exactly the concern here, because for my purposes, the first time I look at it, it really does not answer my questions. Maybe there are inaccuracies or something in here—

**Mr Conway:** But on your way down to Dr LeBlanc's office, you know something you did not know when you got it initially, as I understand it. You now know that there is concern at very high bureaucratic levels around the contents of exhibit 44 because Diane McArthur has told you so.

**Mr Corea:** Yes.

**Mr Conway:** So you have not destroyed it. You have got it and you scan it, and still you are not impressed by any of the data that is contained within it?

**Mr Corea:** Not for the purposes that I was looking for information. I am also at that time looking for Dr LeBlanc's office. I have not been there before, but I am looking for his office. We are talking about one floor down. But I am left with the impression throughout this that this is not responsive to what I am interested in.

**Mr Conway:** Let me ask you this, then. Forgetting what your requirements are, when you go down those stairs or wherever, down the hall, to find Dr LeBlanc's office, thinking that you are being asked to go to a meeting with senior people, one of whom you have never met before, and you know that he has some concerns about this to the extent that he wants it destroyed—forgetting what your requirements are—when you scanned exhibit 44, did the thought cross your mind—

**Mr Cavalluzzo:** Objection here: Just if you could get the evidence correct. He did not know that Dr MacMillan was in the office.

**Mr Conway:** Fair ball. You knew that Dr LeBlanc was in the office?

**Mr Corea:** Yes.

**Mr Conway:** And you knew from Diane McArthur that somebody, either Dr LeBlanc or Dr MacMillan, had ordered this exhibit destroyed?

**Mr Corea:** Yes.

**Mr Conway:** Do you remember precisely which of those two doctors it was?

**Mr Corea:** I understood it to be Dr MacMillan who had asked that this be destroyed.

**Mr Conway:** And you knew who Dr MacMillan was?

**Mr Corea:** I knew who he was, yes.

**Mr Conway:** So you are going down to this meeting. Forgetting what your requirements are, when you scanned this document a second time, did you have any appreciation for why it was that Dr MacMillan might be concerned about the material contained in the Teatero memorandum of November 13, 1991, at 11:41, and why he might want it destroyed?

**Mr Corea:** It struck me as detailed and that was—you know, that it was detailed and that it dealt with areas of practice that were more specific than I had seen. So I assumed, you know, that either it is the specificity or it is—and it had not been ruled out of my mind that there was actually inaccuracy in there, that somehow information in there was not indeed accurate. It is not beyond the pale that information you receive is exchanged because it is inaccurate, a phrase is wrong or figures are wrong or something like that. That frequently happens in the minister's office.

**Mr Conway:** On your way to the meeting now, you have scanned it, and you have testified that it might have been your impression—it was your impression—that this was detailed and more specific than it might have needed to be. Is that a fair representation?

**Mr Corea:** Yes, that is a fair representation.

**Mr Conway:** Just a few other questions, Mr Chairman.

You testified yesterday, Mr Corea, something that I had not heard previously and I just want to be very, very clear. I am looking now at 1600-1. This, to me, is very important testimony, so I want to be very clear. You say it on 1600-1 and it is repeated on a number of later occasions. Let me quote directly:

"Mr Corea: Yes. I am sure Dr LeBlanc indicated that he would be talking with Mr Laughren, that he had already received a request for a briefing from Mr Laughren and would be talking directly with Mr Laughren the following day."

**Mr Corea:** Yes. That, to the best of my recollection, is what Dr LeBlanc said.

**Mr Conway:** You go on later to say, "I understand that there was to be direct contact between Dr LeBlanc and Mr Laughren," apparently for the specific purpose of Dr LeBlanc briefing Mr Laughren about the Sudbury situation.

**Mr Corea:** Yes.

**Mr Conway:** One of the other memos—and I am not going to be able to identify it by name. I have got so much



paper here that I will, hopefully, be forgiven. But there is a reference in one of the memoranda to the fact that Michael is going to be debriefed, I think it is.

**Mr Elston:** Exhibit 59.

**Mr Conway:** Michael is going to be debriefed—yes, this is exhibit 59. Thank you, Mr Elston. This is a memo from Ms Colley to, among others, yourself re “Sudbury Physicians.” It is dated November 27, 1991. It says, “Could I please get a debriefing on the meeting between Michael and Shelley Martel?”

**Mr Corea:** Yes.

**Mr Conway:** Would I be right in assuming that the “Michael” referred to there is Michael Decter?

**Mr Corea:** Yes. The memo is addressed to him.

**Mr Conway:** Because now I know that by November 27, Dr LeBlanc has been dispatched to brief—

**Mr Corea:** I do not know if he was dispatched.

**Mr Conway:** Well, he was going—

**Mr Corea:** I think there was a phone conversation.

**Mr Conway:** Dr LeBlanc is to brief Mr Laughren.

**Mr Corea:** Yes.

**Mr Conway:** The way I would read this memorandum, exhibit 59, is that—

**Mr Corea:** I believe at Mr Laughren’s request.

**Mr Conway:** Yes, absolutely. I am assuming that, because the whole business starts with Mr Laughren generating the request. Exhibit 59 just tells me another piece of interesting information. Your executive assistant is indicating here that she would like to get a debriefing on a meeting between Michael Decter, the Deputy Minister of Health, and Shelley Martel, which meeting is taking place some time, apparently, between November 10 or 15 and November 27. My guess is that it probably took place between the 25th and the 27th, just the way this reads.

**Mr Corea:** Yes, I believe that is correct, that it would take place about the 25th.

**Mr Conway:** It is also suggested, and this is more properly taken up with Ms Colley, but your understanding is that the Michael there would be Michael Decter?

**Mr Corea:** Yes.

**Mr Conway:** I know my colleagues want to ask some questions and I just have one or two others—

**The Chair:** I just remind you, Mr Conway, that there are 15 minutes remaining.

**Mr Conway:** Thank you very much. I want to ask just very quickly, have you at any time since November 10 and this date, February 19, 1992, ever discussed any of these matters with anyone in the Cabinet Office or the Premier’s office?

1500

**Mr Corea:** The Cabinet Office? No, not as I understand the members to be. If you are more specific about it, then I could answer.

**Mr Conway:** You are a very bright, experienced individual who I respect in understanding the structure of government. I am not going to read the list of who is who in the

Cabinet Office. I am asking a straightforward question and I just want to be clear. Have you ever discussed in the last three months any of this with anyone in either the Cabinet Office or the Premier’s office?

**Mr Corea:** Again, by name, I could be more specific, if you would name individuals in that, but as I understand it the Cabinet Office and the Premier’s office, I do not believe any of those individuals, who I take to be in those offices, that I have discussed this with them.

**Mr Conway:** You have indicated that you have discussed this with the assistant to the government House leader, Mr Dee. And you indicated, I gather, that took place within the last three weeks.

**Mr Corea:** Yes.

**Mr Conway:** Can you just very quickly summarize how that all took place? Did you call him to talk about it? Did he call you?

**Mr Corea:** No, he called me and I was asked to meet him at his office at a specific time. I am sorry, I just do not have the date on that, but I do not believe that is at issue, the specific date. But he contacted me and asked me to attend and we conducted—he conducted an interview of me essentially, is how I would characterize it, for probably an hour.

**Mr Conway:** Did he indicate on whose behalf he was doing this work?

**Mr Corea:** I assumed that he was doing it on behalf of the House leader, but he did not indicate—he did not say, “I am doing this on behalf of.”

**Mr Conway:** But that seems like quite a reasonable assumption. Mr Dee is a lawyer, I believe.

**Mr Corea:** Yes, he is.

**Mr Conway:** Could you characterize the—you have apparently had some experience and some exposure to legal counsel in this process. Can you indicate whether or not your encounter at Mr Dee’s request had anything of the character of a lawyer’s briefing or debriefing?

**Mr Corea:** Not of debriefing. It had a lot of the character of a lawyer interviewing you, much as Ms Jackson has interviewed me, and her colleague Mr Taman. It had very much of that character of asking questions and seeking clarification, but it was not—I would characterize it as very much a him-to-me kind of conversation.

**Mr Conway:** One final question then before I turn it to my colleagues. You have indicated that to the best of your knowledge you have not spoken to anyone in the Cabinet Office or the Premier’s office about the matters that are before this inquiry.

**Mr Corea:** To the knowledge that I have of who are members of the Cabinet Office or the Premier’s office.

**Mr Conway:** And you have not spoken—

**Mr Corea:** I could stand to be corrected on that if you—

**Mr Conway:** Do you know Ross McClellan?

**Mr Corea:** Yes. I do not know him. I have never spoken to him, but I know his name.

**Mr Conway:** You have never spoken to Ross on this. You have never talked to Ross on a subject like this?



**Mr Corea:** Mr McClellan? No.

**Mr Conway:** You have not spoken to Ross McClellan. You would not have spoken to David Agnew?

**Mr Corea:** Mr Agnew? No, I have never spoken—

**Mr Conway:** And you have not spoken to Peter Barnes or any of those people?

**Mr Corea:** Not Mr Barnes.

**Mr Conway:** I am not going to take you through the entire list. It is a considerable list.

**Mr Corea:** Right, okay; certainly. Those are the individuals who I was thinking of and I just wanted to be clear that we were sharing the same assumption.

**Mr Conway:** You have never spoken to a person like Gerry McAuliffe about this?

**Mr Corea:** Mr McAuliffe?

**Mr Conway:** I am just thinking of people who are in the Cabinet Office.

**Mr Corea:** My only knowledge of Mr McAuliffe is as a radio announcer.

**Mr Conway:** He traded that in a few months ago.

**Mr Corea:** Oh, I see.

**Mr Conway:** The final question then in this connection is, have you talked to anyone in any other of the ministers' office staffs, anyone who could be considered a political staffer at any other level in this government, about the subject that is before this inquiry?

**Mr Corea:** Have I talked with anyone other than—

**Mr Conway:** Have you talked to anyone in any other minister's office about the subject that is before this inquiry?

**Mr Corea:** I have indicated that I talked with Ms Colley about this, and that she requested that I contact her. She essentially asked me very specifically—and I think that was her responsibility—whether I had divulged any confidential information during the course—

**Mr Conway:** You have never talked to Ms Lankin about any of this?

**Mr Corea:** No, I do not recall talking to Ms Lankin about this.

**Mr Conway:** Ever?

**Mr Corea:** No.

**The Chair:** I would just like to remind members of the official opposition that there are eight minutes left.

**Mr Miclash:** Just to follow up on what Mr Conway has been questioning about, Mr Corea, you mentioned in your testimony earlier on that there were notes being taken on a machine, a computer of some sort, during your interview with Mr Dee.

**Mr Corea:** Yes.

**Mr Miclash:** Do you have a copy of those notes that were taken at that time, or did you request a copy?

**Mr Corea:** I did not request a copy and I do not have a copy of that. I did not understand that they were available for me at all, so I did not think to ask for a copy.

**Mr Miclash:** Mr Chair, would a copy of those notes be available to us as a committee? Should they be available?

**The Chair:** At this point in time, I cannot say yes. I can tell you that in keeping with the rules and responsibilities of counsel it is possible that they might be, but that would be on the advice of counsel to subcommittee.

**Mr Miclash:** Mr Corea, when you were being interviewed by Mr Dee, did you realize he was a former member of the staff of Shelley Martel?

**Mr Corea:** No, I did not. I did not know of his—I only knew him as a lawyer working in Mr Cooke's office.

**Mr Miclash:** Okay.

**Mr Corea:** I did not realize his previous association.

**Mr Cavalluzzo:** Excuse me, I have an objection at this point in time.

**The Chair:** Mr Cavalluzzo.

**Mr Cavalluzzo:** Is there any evidence that that is the case?

**Mr Elston:** It is so well known.

**Mr Miclash:** As the former House leader, Mr Dee was a member of her staff.

**Mr Elston:** Maybe we can call Mr Dee to get that substantiated.

Interjections.

**The Chair:** Order, please. Mr Miclash has the floor. He has asked a question. If there is a difficulty in terms of the response, that will be up to Mr Corea and that is how that has to be left.

**Mr Kormos:** Chair.

**The Chair:** Yes, Mr Kormos.

**Mr Kormos:** I may appreciate Mr Miclash's question, but it is conceded that Mr Dee worked for the House leader both present and previous.

**The Chair:** Mr Miclash.

**Mr Miclash:** Thank you very much, Mr Chair. I think that concludes my questioning. Thank you, Mr Corea.

**The Chair:** Thank you very much. There are six minutes remaining.

**Mr Elston:** I would not mind taking a couple, please.

**The Chair:** Mr Elston.

**Mr Elston:** I am interested in your position, Mr Corea. You are, as described in here, a person who "advises ministry staff on how to deal with issues on behalf of the minister," which to me connotes some kind of a direct relationship with the minister. How often would you see the minister formally during the course of one week?

**Mr Corea:** From my point of view, not often enough. There are many issues that I would like to—

**Mr Elston:** What I said was, how often?

**Mr Corea:** —talk with her—

**Mr Elston:** Did you talk with her at a regular meeting?

**Mr Corea:** No, I did not have a regular meeting with her.

**Mr Elston:** No regular meetings?

**Mr Corea:** No, no regular meetings. There was discussion about setting those up but they were always pre-empted.



**Mr Elston:** I think it may have been you or someone else who has given us testimony that there were contentious issues meetings at least daily in the minister's office.

**Mr Corea:** Yes.

**Mr Elston:** From which you were excluded, I presume.

**Mr Corea:** Not excluded, but the way the contentious issues meetings would work would be that they would be held with the executive assistants to the assistant deputy ministers within the ministry, communications people. Typically, Mr Smalley, the legislative assistant to Ms Lankin, and Mr Howard, the communications assistant, would attend those meetings, bring matters back for discussion within the minister's office. There would also be a process of preparation of briefing material for a noon meeting when the House is sitting. That could also be characterized as a kind of contentious issues meeting or a briefing for the House.

**Mr Elston:** Okay. But you are the gentleman in the office who is assigned the responsibility for dealing with these contentious issues when inquiries come in?

**Mr Corea:** Not solely.

**Mr Elston:** Not inside the ministry, but when they come in from outside you are the person, right?

**Mr Corea:** Not solely. There are many people working on those issues.

**Mr Elston:** Oh, okay.

**Mr Corea:** Typically the ministry staff is also working on those issues and has the information to provide the—

**Mr Elston:** Mr Howard and Mr Smalley might also get outside inquiries.

**Mr Corea:** Yes, they might also get them.

1510

**Mr Elston:** So if there was some difficulty with the response received from you by Mr Laughren or his staff or by Ms Martel or her staff, they might very well have gone directly to Ms Colley, Mr Smalley or Mr Howard for assistance on these things?

**Mr Corea:** They could have, yes.

**Mr Elston:** Basically what you have been trying to tell us, I think, is that you passed no information on to anyone because you did not think any of the personal information in exhibit 44 was for anybody's eyes at all. Is that right?

**Mr Corea:** That is correct. I had it for a very short period of time and left with the impression that this information was confidential, and my assessment of it was that it was not relevant.

**Mr Elston:** But you knew enough of the information that it was seen by you to be confidential information, even though you said you only scanned the material.

**Mr Corea:** Yes.

**Mr Elston:** You already knew from scanning that it was confidential, but you did not think it was relevant.

**Mr Corea:** I did not think it was relevant to the issue of services and continuation of services in Sudbury.

**Mr Elston:** I was interested in the examination of you by Ms Jackson where we went through the one memo. I do not have the memo—I am sorry, Mr Cavalluzzo—in front of me. I remember talking about trying to determine what Dr Donahue's real situation was. Do you remember that line of questioning the other day?

**Mr Corea:** Yes.

**Mr Elston:** We were trying to figure out what it was, when you sent the memo, that you were trying to get at with respect to Dr Donahue's real situation. You said you wondered if he was going to close.

**Mr Corea:** Yes.

**Mr Elston:** But in asking the ministry to respond to your request for information around his real situation, you said you were surprised that you got back some detailed financial information.

**Mr Corea:** Yes.

**Mr Elston:** Why was that the case?

**Mr Corea:** I did not ask for financial information. What I was asking for was: "Is he going to close? Are there any discussions that have been had with Dr Donahue which would allow some kind of resolution of this, some clarity to be added to the whole situation?" Typically when these events are occurring in the newspaper, it strikes me that key parties have not even talked, so some basic sort of discussion can often resolve a lot of the supposedly contentious issues. I was really interested in: "Has anyone talked with Dr Donahue? Do they understand his situation? Do they understand whether he understands the threshold issues?"

**The Chair:** Mr Elston, there is one minute remaining.

**Mr Elston:** Okay. Can you tell us whether or not you talked to Paul Howard about this issue?

**Mr Corea:** No, I did not talk to Paul Howard. Paul Howard was on vacation.

**Mr Elston:** Did you talk to anybody in the minister's office about Dr Donahue or about exhibit 44?

**Mr Corea:** To the extent of saying the information about Dr Donahue's practice is confidential and is very clearly that. I explained that piece of information to my colleagues.

**The Chair:** Time has expired. I would like to move to members of the third party.

**Mr Eves:** I just have a few small questions and points of clarification for Mr Corea. On page 1450-3 Ms Jackson was asking you a few questions about area MPPs and you indicated, as Mr Conway alluded to on the bottom of the previous page, that you were quite aware of who Mr Laughren was and for obvious reasons; he is the Deputy Premier and Treasurer of the province.

She says: "So at the time did you know who the other MPPs were?"

"No, not at the time.

"Did you know what their political affiliation was?"

"No."



When during the course of this process would you say you became aware of who the other area MPPs were and who they were in terms of their position in the government?

**Mr Corea:** Essentially when Mr Sword contacted me from Ms Martel's office, then I started to realize, well, Ms Martel's riding is very much, you know, adjacent to Mr Laughren's; subsequently, and very quickly in that order, the issue that this would also be affecting Ms Murdock's riding was raised.

**Mr Eves:** I do not have the exact part in Hansard; it is not really relevant, or necessary I should say. You talked about having a home computer and you could log on to e-mail that you had received at your office.

**Mr Corea:** Yes.

**Mr Eves:** So that enabled you to work evenings. To your knowledge, does anybody else have the same ability at the ministry, people you work with?

**Mr Corea:** Yes, it is a dialogue facility that the ministry has. The only service I have ever used is accessing your own e-mail account. It is a system of double passwords.

**Mr Eves:** So anybody that had that ability could do that.

**Mr Corea:** Anybody who had the ability and knew the password. You also have to have privileges to do that, and I had specifically requested privileges of the information system, so there is another piece, having to specifically ask for that privilege.

**Mr Eves:** Would you have any knowledge of anybody else that you work with that has the same privilege?

**Mr Corea:** I do not believe anybody else in the minister's office has. They may well have the privilege; I do not believe anybody else makes use of that. I happen to have used and dealt with computers in my work for some considerable time, so they are familiar tools to me.

**Mr Eves:** What exactly does Mr Howard do?

**Mr Corea:** Mr Howard—and I do not have his job description—is a communications assistant to the minister. He is there advising the minister on issues of communication and assisting her with media interviews and facilitating interviews the media request of Ms Lankin. Typically she gets, as I am sure you are aware, lots of requests to hold interviews.

**Mr Eves:** Do you work closely with Mr Howard?

**Mr Corea:** No more closely with Mr Howard than any of the other staff in the minister's office. We all work quite closely.

**Mr Eves:** The now famous e-mail memo of November 13, exhibit 44, however you want to refer to it, which you received I believe on the morning of the 14th—

**Mr Corea:** Yes.

**Mr Eves:** There were several people, I noted, that received copies, at least if you looked at the face of the memo. Several people supposedly were sent copies of that.

**Mr Corea:** Yes. They were sent copies.

**Mr Eves:** One of those individuals was Mr Paul Howard, as I recall. We have heard from Dr MacMillan that he cannot be sure whether in fact that was ever sent to Mr Howard or was not sent.

**Mr Corea:** Sorry, Mr Eves. I am looking at exhibit 44 and I do not see Mr Howard's name on it.

**Mr Eves:** No, I notice that. In fact, there were many people who were on the e-mail system, as I recall, whose names—

**Ms Jackson:** Exhibit 13 is, I think, the one Mr Eves is referring to.

**Mr Eves:** Okay.

**Mr Corea:** I am not copied on that particular e-mail.

**Mr Eves:** Is it possible that people could receive e-mails such as this? I mean, if their name appears, it would be apparent that they would receive such documentation. You and other people have stated, I believe, that Mr Howard was away at the time. Is that correct?

**Mr Corea:** Yes, he took two days off. My recollection of it is that he sent around a notice that he was going to finally take two days off to paint his house.

**Mr Eves:** Oh, okay. I had understood from Dr MacMillan that he thought he might have been away for a couple of weeks, but maybe my recollection is incorrect.

**Mr Corea:** Mr Howard certainly could clarify that, but I understood him to be away the 14th and 15th. We had some discussion about how he had to get this painting done because he had relatives coming.

**Mr Eves:** Was it normal, in the course of your duties, to receive requests from other cabinet ministers, as opposed to your own minister, Ms Lankin?

1520

**Mr Corea:** It was normal to receive requests from a variety of MPPs and federal members of Parliament, but I believe at the time of November 12, there were actually a number of requests that had been received that I personally was working on and they included ones from Mr Runciman and Mr Scott. There were just a lot of requests, whether they were cabinet ministers or not. People wanting various types of information from the minister would often be routed through me.

**Mr Eves:** Going back to exhibit 44 again for a moment, how many copies of that memorandum did you receive?

**Mr Corea:** To the best of my recollection—and my memory is vague on it—I can only recall very specifically one copy, receiving that. But I have the sense that there is repetition in this, so I cannot be clear. It could have been duplicate copies of that, but when I press my memory for this, repetition seems to come up as an issue but not a clear indication of why things are being repeated.

**Mr Eves:** Because Dr LeBlanc has stated that he understood you received two copies of the e-mail and both of them were returned. He was quite specific about that on a couple of occasions when he gave his testimony. So that could be true?

**Mr Corea:** Yes.

**Mr Eves:** You indicated, from my recollection, that you were approached by three different individuals about the committee or the possibility that they may be witnesses: Diane McArthur, Dr LeBlanc and Mr Dee. Now, Mr Dee, you did not indicate obviously that he was



going to be a witness, I would not think. Did you find it somewhat unusual that these people would contact you to discuss this with you?

**Mr Corea:** I really thought Mr Dee was just trying to understand the chronology of events within his official capacity. I took both Dr LeBlanc's and Ms McArthur's approaching just as a matter of courtesy. They were indicating to me what their testimony or their evidence would be. I did not take it as any opportunity that they were attempting to influence me. Certainly I do not see how that would have been possible, because at the same time I assumed that everybody who was being interviewed had already met with Ms Jackson. In fact, I had met with Ms Jackson—or not Ms Jackson, primarily with Mr Taman, her colleague, for about five hours on the Sunday previously. In total, I met for about 10 hours with Ms Jackson and Mr Taman. So I assumed that everybody who was being called as a witness to the committee was going through that procedure.

**Mr Eves:** Was it sort of general knowledge around the office or in the ministry that different people had been contacted by Ms Jackson or her colleague about the upcoming committee hearings?

**Mr Corea:** General knowledge? I do not know if it was a general knowledge.

**Mr Eves:** For example, would Sue Colley know this?

**Mr Corea:** Yes, I believe that she had been—

**Mr Eves:** Was this the type of thing you would engage in discussion with her?

**Mr Corea:** In fact, I think I indicated that I had spent time on a weekend some time ago with Ms Jackson and Mr Taman.

**Mr Eves:** And all these individuals contacted you, correct?

**Mr Corea:** Yes.

**Mr Eves:** That is what I understood you to say, as opposed to the other way around.

**Mr Corea:** Yes.

**Mr Eves:** When Mr Dee contacted you, did he give you any indication of why he wanted to meet with you?

**Mr Corea:** His indication was that I was just to go through the sequence of events and that he would be just asking me a series of questions. I took it that I was to respond in a fashion, much as a lawyer interviews a potential or possible witness in a hearing.

**Mr Eves:** Did you understand what his position was, or did he indicate that to you?

**Mr Corea:** He indicated to me that he was working with—I am not clear on whether he actually indicated that he was with Mr Cooke's staff or whether that was just assumed. I met him in Mr Cooke's office or within the House leader's area of the Legislature.

**Mr Eves:** You have never had occasion to meet Mr Dee before this?

**Mr Corea:** No, I had not met him before.

**Mr Eves:** There seems to be some confusion, and I guess perhaps it is understandable, among the testimony

that has been given by Dr MacMillan, Dr LeBlanc and yourself with respect to the return of exhibit 44.

**Mr Corea:** Yes.

**Mr Eves:** You have said quite specifically that you returned the document and handed it to Dr MacMillan. Is that correct?

**Mr Corea:** Yes.

**Mr Eves:** I believe you indicated, but I would like you to correct me if I am wrong, that Dr MacMillan took that document and put it in his briefcase.

**Mr Corea:** Yes.

**Mr Eves:** When Dr LeBlanc was before the committee, he said he could not remember who you gave it to. He could not remember whether it was himself, whether it was Dr MacMillan or whether it was Diane McArthur, but he was quite sure that it was destroyed there and then. You are telling me that it was not destroyed there and then; in fact, it was put in Dr MacMillan's briefcase.

**Mr Corea:** As I indicated, I returned it to what I understood was the source, handing it back to Dr MacMillan; my assumption would be that he would destroy it or remove it.

**Mr Eves:** Dr MacMillan stated to us that—

**Mr Corea:** Some of that lack of clarity I think really indicates that this was not a major and earth-shattering event in the course of everyone's day, and the recollection of it is pretty foggy. People are looking at the same event and remembering different bits and pieces of it.

**Mr Eves:** Dr MacMillan indicated to us that he could not recall whether—or really was not knowledgeable when your copy or how your copy of the document was returned. He could not recall that. He just understood that it had been returned because he had requested Dr LeBlanc to make sure it was returned. You have said that Dr MacMillan did not seem to be particularly upset about—at least that is when you were present.

**Mr Corea:** Not to me. He could well have been more engaged than I had appreciated in the conversation that he had just essentially completed, but in my recollection of it, it was not greeted, "Great, thanks a lot," or anything like that. It was just a nod and he put it into his briefcase.

**Mr Eves:** You were asked to sit in on the call, I believe.

**Mr Corea:** Yes.

**Mr Eves:** Do you know who the call was with?

**Mr Corea:** Again, I came in partway through it and I understood it to be Mr Davies from the regional municipality of Sudbury.

**Mr Eves:** On the evening of November 14, you had a conversation at home, I believe, with Sue Colley. Sorry, I missed the very first part of Mr Conway's questions about your relationship with Sue Colley. How long have you known Sue Colley?

**Mr Corea:** I think I have known her pretty well, approximately 10 years, I would say.

**Mr Eves:** How did you come to know Sue Colley?



**Mr Corea:** I think we came to know each other through both—actually, my wife and Ms Colley were involved in child care issues, and so both the friendship and professional contacts built through that.

**Mr Eves:** So they knew each other fairly well, then.

**Mr Corea:** Yes.

**Mr Eves:** They had known each other for some period of years, in any event. That explains why you said you could not recall whether you talked to Sue before or after your wife had been talking to her.

**Mr Corea:** Yes.

**Mr Eves:** When you had this discussion with Sue Colley on the 14th—I want to refer you now to exhibit 50, which was the next morning, November 15, at 8:58 am. Sue Colley sent you an e-mail or interoffice memorandum referring to the discussion you had had the previous evening.

**Mr Corea:** Yes.

1530

**Mr Eves:** “Further to our telephone conversation last night, and my discussion with Michael Decter, this is a suggested roll out to be developed for a briefing with Floyd.” When you talked to her the previous evening, did she talk to you about any discussion with Michael Decter?

**Mr Corea:** No, I do not believe that the discussion had occurred, but I do not recall the discussion with Michael Decter at that point.

**Mr Eves:** How well does Sue Colley know the Treasurer?

**Mr Corea:** The Treasurer?

**Mr Eves:** Yes.

**Mr Corea:** I do not know if she knows—I do not know how well she knows the Treasurer.

**Mr Eves:** Do you know the Treasurer on a personal basis?

**Mr Corea:** I have never met the Treasurer. I have never talked with him on the phone, actually, either.

**Mr Eves:** We can discuss that with her. I just found it kind of odd that she referred to him as “Floyd,” as opposed to “the Treasurer” or “Mr Laughren.”

**Mr Corea:** There is a certain familiarity—I refer to it in my notes as well—of referring to individuals by their first name, but it does not necessarily mean that you have met or dealt with them.

**Mr Eves:** What did you understand her words to mean when she said that “this is the suggested roll out to be developed for a briefing with Floyd”? Explain to me that terminology. What did it mean to you?

**Mr Corea:** Sometimes I would like to get an explanation of that terminology. It is quite frequently used, and used in a variety of ways, but my understanding of this is kind of, “This is how I see events unfolding, or occurring,” or, “This is my understanding of the sequence of events.” But this term “roll out” is kind of a jargony term.

**Mr Eves:** You indicated, I believe, yesterday—I have not got the exact quote in front of me—that you did not

recall, in fact, when you looked at this memo the next morning.

**Mr Corea:** No, I did not recall when I looked at this memo. When I look at the subsequent memos, at the faxes, there are a lot of similarities in the substance of that, in the substance that is carried from this memo through to the other, but it is equally and more likely to me that there was one of the innumerable brief conversations that occur within the minister’s office, that Sue Colley and I briefly talked. At the bottom of that is a mention of a 9:45 am meeting. I do not specifically recall that, but it seems quite in keeping with the pace of events that there is a quick, two-minute meeting that typically, if it is supposed to start at 9:45, starts at 10:15.

**Mr Eves:** Okay. Was Ms Colley already employed in her capacity of assistant to the minister when you came to work at the ministry?

**Mr Corea:** Yes, she was.

**Mr Eves:** And did you find out about your position in the ministry through Ms Colley or—

**Mr Corea:** Yes, Ms Colley essentially had talked with me on several occasions before and, in fact, possibly as much as a year before, about considering working for either the minister or somewhere else within a minister’s office. At that time, the initial suggestions were—I was very much involved in other work and could not consider it. When she suggested it in the summer of 1991, it was starting to take on a renewed interest, a different opportunity for a short period of time, and would allow me to get a view of government from a slightly different angle, so I viewed it as an opportunity.

**Mr Eves:** In your previous knowledge or friendship, relationship, with Ms Colley, did either one of you ever express to each other your particular views on politics, whether you had any particular political allegiance of any kind?

**Mr Corea:** I think we often talked about politics and a variety of issues. I think there is an assumption that many of the issues—that there is a common, you know, perception of many of the issues. I think, quite frankly, that Sue probably—

**Mr Cavalluzzo:** Excuse me, if I just might step in. Are we not getting dangerously close to asking a witness his political views, affiliations? We do have a charter of rights in this country, and I am wondering if that is an appropriate question.

**The Chair:** Mr Cavalluzzo, thank you for your comment. The question was posed to Mr Corea. He can respond as he wishes. If you have been following the hearings, that particular subject matter has been brought up on other occasions, but certainly it is up to the witness if he does not wish to respond, or to respond as he thinks fit. As I had indicated earlier, the question can be posed, but it is up to the witness to respond as he thinks is appropriate.

**Mr Corea:** My response is really that politics and issues of the day often formed a subject of discussion, and we may or may not agree, and I think we had at times interestingly different perspectives on issues.

**Mr Eves:** Have you ever been a member of any political party?



**Mr Corea:** Well—

**Mr Cavalluzzo:** Mr Chairman, we are getting very dangerously close to very serious political questions, and certainly someone's political views should not be asked in this kind of proceeding. I understand it is not a judicial proceeding, but the witness is under oath and I just do not understand what relevance that has.

**The Chair:** One moment, sir, please.

**Mr Cavalluzzo:** Mr Chairman, I can short-circuit this. Mr Corea says he is prepared to answer that question, but for future reference—

**Ms Jackson:** Could I just point out that I am the one who asked the question yesterday. I asked it of Mr and Mrs Dodds. They knew the question was coming and they were prepared to answer it. I think Mr Cavalluzzo is right. It is an area where, if the witness has concerns about identifying his political affiliation, which in some cases can come pretty close to saying, "How do you vote?" I am sure the committee members would be respectful of a desire to keep that private.

**Mr Eves:** Well, I am at a little bit of a loss, Mr Chairman, because I can recall sitting here yesterday—we can dig out the Hansard if you wish—while Mr Kormos dogged a witness for about half an hour on her current political affiliation, previous political affiliations, statements about communism, the women teachers' federation, whether or not she was a member of the Reform Party etc, etc, and I do not recall either counsel or yourself, quite frankly, intervening to assist that witness.

**The Chair:** Mr Eves, thank you for that. Mr Cavalluzzo, thank you for your comments. I will again restate what I earlier indicated. Certainly, as the question is posed, Mr Corea, you can respond as you wish and as you think fit, but I am not going to rule Mr Eves's question out of order. I am going to permit the question to be posed, but it is still—I remind you it is up to you as to how you wish to respond to that question.

**Mr Corea:** I find it a curious question, but I am going to answer it. I am not a member of any political party. At one time, some 20 years ago, I might have joined a Liberal riding association in Kingston, but I cannot recall.

**Mr Eves:** Well, we will not hold that against you. We all make mistakes from time to time.

**Mr Elston:** He cannot remember it.

**The Chair:** Are you finished, Mr Eves?

**Mr Eves:** No further questions, Mr Chair.

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**The Chair:** No further questions by Mr Eves. Mr Harnick.

**Mr Harnick:** Thank you, Mr Chairman. Sir, do you, in the course of your work, keep any kind of log of your telephone conversations?

**Mr Corea:** No, I do not. I used to keep the stack of messages that I would receive and watch them grow, but several stacks were destroyed when I moved and I gave my filing cabinet to another person in the office. That was some time in, I believe, late October. So that was my only record.

**Mr Harnick:** Let me tell you that Dr LeBlanc told us that all of his outgoing calls were automatically recorded. I just wondered whether that was something that exists within the Ministry of Health in all the upper-level offices?

**Mr Corea:** I have not heard of that before. He means that he records them?

**Mr Harnick:** I thought they were recorded automatically. That was my understanding of what he told us. He said that was not so with the incoming calls, but with the outgoing calls there was a record of them. You do not have a record of your outgoing calls?

**Mr Corea:** I did not know. I mean, if they are automatically recorded, that may be the case, but no one has ever told me of that.

**The Chair:** Counsel may be able to help on this point, Mr Harnick.

**Ms Jackson:** My recollection, Mr Harnick, is they are outgoing long-distance calls because of the telephone bills.

**Mr Harnick:** That would be even better. Do you know if you have a record of your outgoing long-distance calls?

**Mr Corea:** If the system automatically keeps a record, then I would have a record of that or the system would have a record of that. I do not know.

**Mr Harnick:** Perhaps you could do us a favour and maybe check overnight whether there is a record of your calls that were made by way of long-distance during the period of November 13, 14 and maybe throughout the month of November. Would that be possible?

**Mr Corea:** Certainly. I would have to check with the administrative staff, probably actually with, I am assuming, the deputy minister. I do not know. I assume that for billing purposes, yes; there is a WATS line process too.

**The Chair:** If I might just interrupt at this point, in the event that this is possible and there is some information which you can provide, could you then provide that back to counsel for distribution among committee members?

**Mr Harnick:** You could actually have your counsel contact the counsel to the committee, one way or another, and let us know whether that exists. If it does, I would like to see it; if it does not, I would at least like confirmation that it does not exist.

Now, sir, you told us that you had discussions very early on, prior to I guess meeting counsel for this committee, with Diane McArthur and with Dr LeBlanc.

**Mr Corea:** No, subsequent to meeting this committee. Maybe I should get the dates. It was subsequent to meeting with this committee.

**Mr Harnick:** I am not trying to trick you or anything, but at some time you had some discussions with Diane McArthur and with Dr LeBlanc. I think you told us that primarily those discussions were related to things that they wished to confirm, that they would be giving in terms of their testimony. Is that correct?

**Mr Corea:** Yes.

**Mr Harnick:** Do you remember whether that was before or after you started to meet with counsel for this committee?



**Mr Coreia:** That was very definitely after.

**Mr Harnick:** The meetings with—

**Mr Coreia:** Very definitely after and very definitely I had gone through my 35 exhibits that I had provided to counsel for this committee and indicated my recollection of that. That was all.

**Mr Harnick:** That is fine. Just to review your evidence, as I jotted it down quickly, Diane McArthur came and spoke to you, I think you indicated, to go over certain evidence. I believe you told us that she told you that she delivered what is exhibit 44 to you by hand.

**Mr Coreia:** Yes. That is what she recalled, that she delivered that to me by hand. That is not my recollection of it. My recollection is substantially vaguer than that.

**Mr Harnick:** All right. That is fine, but I gather she did that just to let you know and so that if you did not know, you might be consistent in your evidence or at least say, "I don't know," or, "I don't remember."

**Mr Coreia:** I did not take that to be the purpose of why she was telling me. I took it really as a courtesy.

**Mr Harnick:** Okay.

**Mr Coreia:** It was not going to influence the way I gave my evidence under oath, and I certainly assumed that it would not influence evidence under oath.

**Mr Harnick:** And then Dr LeBlanc came along and he told you, in a discussion that I think you described as being initiated by Dr LeBlanc, that he recalled that documents were brought by Diane McArthur and that you personally returned it to his office.

**Mr Coreia:** Yes.

**Mr Harnick:** And that is the substance of basically what Dr LeBlanc said, how you got the information and how the information was returned to him?

**Mr Coreia:** Yes.

**Mr Harnick:** And he wanted to go over that with you?

**Mr Coreia:** Yes.

**Mr Harnick:** All right.

**Mr Coreia:** Well, he was just extending a courtesy, saying, "This is what my recollection of the events is."

**Mr Harnick:** Did you ever hear from Dr MacMillan in advance of your appearing here today with any information that he provided you with about the way he saw the pertinent pieces of evidence?

**Mr Coreia:** No, Dr MacMillan did not contact me.

**Mr Harnick:** All right. So it is just McArthur and LeBlanc—

**Mr Coreia:** Yes.

**Mr Harnick:** —who provided you with what I guess they felt to be significant pieces of information.

**Mr Coreia:** Well, no, they provided me with what they were going to be saying before the committee, and prior to that I had already indicated to counsel of this committee my evidence on that subject.

**Mr Harnick:** But obviously if they came to see you and that is what they told you, that was obviously significant to them or they would not have come to see you.

**Mr Coreia:** I think they were just really extending a courtesy.

**Mr Harnick:** All right. And they came and specifically gave you those little pieces of information, correct?

**Mr Coreia:** Correct.

**Mr Harnick:** And they did not do it by telephone; they came to see you personally? Is that correct?

**Mr Coreia:** Actually, Dr LeBlanc was in the area where my office is, and he stopped and talked with me. Ms McArthur telephoned me, and rather than speak on the telephone, we met.

**Mr Harnick:** And those are the pieces of information they evidently felt were important?

**Mr Coreia:** They were explaining to me their recollection and the sequence of the events and that was—

**Mr Harnick:** But that is the sum substance of what they told you, just those little bits of information?

**Mr Coreia:** Yes. There might have been a slightly longer conversation, but yes, that encapsulates those conversations.

**Mr Harnick:** Okay. Now, Dr MacMillan was here for a couple of days giving evidence, and his evidence was that he never met you, that he never saw you and that he had no recollection whatsoever of your coming into that office and returning that piece of information.

**The Chair:** Excuse me, just prior to any response.

**Ms Jackson:** Mr Harnick, I am concerned about the premise in the question, particularly because the witness was not here for the evidence.

**The Chair:** He can respond by Hansard.

**Ms Jackson:** What you have said does not accord exactly with my recollection of what Dr MacMillan said.

**The Chair:** If you have got something from Hansard, Mr Harnick, you could refer to that.

**Mr Harnick:** I think in Hansard, and I do not have it in front of me, but Dr MacMillan said he would not recognize you.

**Ms Jackson:** I think he did say that.

**The Chair:** That is fair.

**Mr Coreia:** Yes, and that is consistent with what I—

**Mr Harnick:** If he would not recognize you, how do you explain your evidence that you went into the office, that you were privy to—you had specifically been asked to go there.

**Mr Coreia:** Not by Dr MacMillan.

**Mr Harnick:** No, not by Dr MacMillan, but you had been specifically sent to Dr LeBlanc's office. You were specifically sent because a particular conference call was coming through. The conference call involved Drs MacMillan and LeBlanc.

**Mr Coreia:** Yes.

**Mr Harnick:** You were specifically told to be there, and in addition to being there with these two very senior individuals, you were bringing back a piece of information that was very, very sensitive and very, very significant to



Dr MacMillan, and he has no recollection of you whatsoever. How do you explain that?

**Mr Corea:** Well, maybe I am not a very impressive person in terms of recollection. That is certainly a possibility. I think Dr MacMillan is remembering back in time some distance, as are many people in this. I have met many people within the ministry in brief meetings that occur throughout the day who, on subsequently getting on to an elevator, I do not recognize.

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**Mr Harnick:** Let's compare this with a situation where someone gets on an elevator. You might get on an elevator six times a day and have different people on that elevator every single time. Is that not correct?

**Mr Corea:** Yes.

**Mr Harnick:** And no one would expect you or no one would be—

**Mr Corea:** No, but if I—

**Mr Harnick:** No one would be expected to remember who he rides an elevator with if he rides an elevator six times a day. Is that correct?

**Mr Corea:** Mr Harnick, let me—

**Mr Harnick:** No, no, I would just like an answer to the questions I pose to you.

**The Chair:** Order, please. Order. Order.

**Mr Harnick:** I have met people in the minister's boardroom, attended meetings for many hours with them and not recognized them in subsequent short, brief encounters.

**Mr Corea:** That may be.

**Mr Harnick:** And I expect that is the situation that occurs with many people because of the pace of the work and because of the pace of the activity that goes on, that meetings happen and people are introduced or not even fully introduced and business is dealt with and it moves on.

Well, you know, if I was Dr MacMillan and I had realized that this very sensitive piece of information was now in the hands of someone outside the OHIP loop where I would have intended the information to be confined, and if that very individual outside the OHIP loop, who is a political person, had a copy of this and brought it back and gave it to me personally, it would be hard to convince somebody that I would not have recognized you in any way, shape or form.

**Mr Corea:** Well, clearly your memory is better than Dr MacMillan's.

**Mr Harnick:** Well, no, it is not my memory; it is Dr MacMillan's memory and recall versus your memory and recall.

**Mr Corea:** Yes, my memory and recall is different from that, and I would suggest, Mr Harnick, that as you look at that, at the events around that, people's memory and recall is slightly different on several features of that, and I think that is consistent with the way people remember events which are not deemed to be of crucial importance, but are cast into that importance by hindsight.

**Mr Harnick:** Well, I would suggest to you that it is curious that your information or your evidence was consistent with that of Dr LeBlanc and with that of Ms McArthur, who spoke to you about this significant, very sensitive area, and yet with Dr MacMillan, the most seriously affected person by the release of this information, you never spoke with him and he has no recollection of you whatsoever except in name.

**Mr Corea:** Well, even the fact that I—

**Mr Harnick:** You are going to have to do better than that by way of explanation, I would say.

Interjections.

**The Chair:** Order. Order, please. I would caution, Mr Harnick, that after you have posed a question you would give the courtesy to the witness to respond to the question. You have posed a question, and I did not hear that you had—a response time was in fact allowed to Mr Corea, which I think is the very least which can be given to Mr Corea. So, Mr Corea.

**Mr Cavalluzzo:** On top of that—

**The Chair:** Mr Cavalluzzo, yes, sir.

**Mr Cavalluzzo:** —Mr Harnick is not correctly reviewing Dr MacMillan's recollection of events. If he is going to ask questions like that, and leave this person's credibility on the line, I would ask that he have the courtesy of referring to that evidence and reading it back to this witness, because I submit, respectfully, that he has misread what Dr MacMillan's evidence was.

**Mr Harnick:** I submit I have not misread what Dr MacMillan's evidence was.

**Mr Cavalluzzo:** Let's look at the transcript.

**The Chair:** Order, please. Order. Order. Dealing with that one particular issue, I would ask, Mr Harnick, that in the event you are referring to some previous testimony—we have ordered the transcript on a priority basis, it is here before us, it is capable of being referred to, and I would ask that you do so. I now go back to the previous question that was put forward by Mr Harnick and give to Mr Corea the opportunity to respond.

**Mr Corea:** Mr Harnick, let me be absolutely clear on this. I had already talked to Ms Jackson or her counterpart and given my recollection of the sequence of events, on the previous Sunday. I realize that, by Dr LeBlanc and Ms McArthur coming to me, it could be construed in that way, and yet when asked by the counsel for this committee, I very clearly and openly stated that had occurred. I am not attempting to conceal anything on this part and I want to be quite clear on that. They did not influence my testimony on this.

**Mr Harnick:** Sir, you have told us—

Interjection.

**The Chair:** Order. I am sorry, Mr Harnick.

**Mr Harnick:** I am a little confused about the aspect of your perception of the information contained in exhibit 44 being confidential information. I believe earlier in the evidence you indicated that when you were told by someone to take the document back to Dr LeBlanc, as you say you



have done, you thought that the reason it was going back was because there may have been inconsistencies in it.

**Mr Corea:** It occurred to me that was a possible reason. It was not explained to me in the telephone conversation that I recall instigating this—that Dr MacMillan was concerned that this information was available, or something to that effect.

**Mr Harnick:** And in reading exhibit 44 it was not obvious to you, I submit, that the information contained was personal and confidential information?

**Mr Corea:** I think it occurred to me that this was more detailed information than I was accustomed to seeing and that it could be construed as personal information.

**Mr Harnick:** But did you appreciate at that time, when you first saw it, and Mr Conway very carefully went through that with you, that it was confidential information?

**Mr Corea:** I believe I understood it was confidential information on looking at it, that all of this was confidential—not all of it, but that there were elements of this that were confidential.

**Mr Harnick:** You see, what concerns me is that in your evidence on page 1600-3 you have left me with the impression that it was not until you left Dr MacMillan and Dr LeBlanc that it was quite clear to you.

**Mr Corea:** Yes, they clarified that. They made that quite clear. My impressions—and again I am searching back through some time in memory, but they made that clear.

**Mr Conway:** Point of order, Mr Chairman: It might be appropriate for Mr Dee to join the witness box.

**The Chair:** Mr Conway, I do not understand your point of order.

**Mr Conway:** I am serious. I just observe, and I am not complaining, but I observe what for me, as a member of this committee, is a significant development; that Mr Dee, about whom we know this: He has already had an encounter with this witness at his, Mr Dee's, request. I notice that there is some kind of a collaborative relationship between Mr Dee and counsel to this witness. I am just wondering. I wanted to make that observation so that everyone could know of it. I am just wondering whether or not it might facilitate matters if Mr Dee, who has a very close relationship with this witness, we have already been told, might like to join the witness box.

**Mr Cavalluzzo:** I would like to respond to that.

**The Chair:** Excuse me. Yes.

**Mr Cavalluzzo:** First of all, for the record I would note that after Mr Conway's partys' time ran out, I noticed he was giving questions to Mr Harnick.

1600

**Mr Harnick:** I am not the witness.

**The Chair:** Excuse me. Order, please.

Interjections.

**The Chair:** Order. I am sorry; I have listened to Mr Conway's point of order. I have asked for a clarification of that point of order. I do not believe it to be a point of order and I would ask that Mr Harnick continue his questioning.

**Mr Conway:** That is not bad Paul; it is good.

Interjections.

**Mr Conway:** A member of the committee—well, you are the best one I know. There is a difference between being a witness and a member of the committee.

**Mr Cavalluzzo:** I was asking for the transcript.

**Mr Conway:** I know that.

**The Chair:** Order, please.

**Mr Cavalluzzo:** I am sorry.

**The Chair:** Order, please. We are attempting as best we can to move along with the rotation of questions and the questioning of Mr Corea. I had asked, on the basis of Mr Conway's point of order, for a clarification. I have ruled it is not a point of order and, Mr Harnick, the floor is yours.

**Mr Harnick:** It is nice to see how the political atmosphere is infecting other counsel now. It does not take much, does it?

**Mr Conway:** Mr Cavalluzzo is no stranger to political controversy.

**Mr Cavalluzzo:** Is that a compliment or a—

**Mr Conway:** A very high compliment.

**Mr Cavalluzzo:** Thank you, Mr Conway.

**Mr Harnick:** What concerns me is that in your evidence you indicate at one point that it may have been just as consistent with the information being not factual that it was being called back, or that it may have been because there was something confidential in it. Let me finish.

**Mr Corea:** Yes.

**Mr Harnick:** In addition, you indicate—I think page 1600-3 makes it clear that you really were not 100% certain that you were dealing with a confidential document until after you say you returned it to Dr LeBlanc and/or Dr MacMillan. All I am putting to you is the proposition that you did not realize you were dealing with a very sensitive, confidential piece of information until after you gave it back.

**Mr Corea:** It was not confirmed for me that I was dealing with that, with a confidential piece of information. The superlatives I am not sure about, but certainly—and this happened within a relatively short space of time and the thought—it occurred to me but it was confirmed by the conversations.

**Mr Harnick:** Surely, with your background, with the evidence you have given us that you are a social worker and you have dealt with sensitive issues before, the issue of confidentiality was something that was paramount in the ministry in which you worked. You would have looked at this information and it would have just struck you right away that it was confidential information, would it not?

**Mr Corea:** No, it did not strike me right away. There were many things vying for my attention at that time, Mr Harnick. I wish I had the luxury to have read this document, studied it, quite frankly, and been clearer that what I have been shown subsequently is indeed the document that I saw. Again, I am left with a frustrating situation of trying to push my memory back through to some very vague events, and having people tell me that this is indeed the



document I have seen and not be able to confirm that for myself. It is frustrating.

**Mr Harnick:** Why did you think the document had all those things deleted with black marker on it?

**Mr Corea:** I am not even certain that—I cannot even recall—I recall that things were missing but I cannot recall black marker and all of that detail on it, and sir, the document I have subsequently seen has names deleted and it does not take a large leap of understanding to see who this document relates to. When I was shown, by counsel, the document I am supposed to have received, there are not large amounts of blacked-out area on it. It is not, for example, similar to the document that you see as exhibit 44.

**Mr Harnick:** Let me accept the proposition you put to me, then. I am going to accept for the time being that you did not think this was a confidential document, that it did not leap out at you, that it was not obvious, that you did not think it was confidential.

**Mr Corea:** I considered that it may be confidential, but it was not confirmed for me until I talked with Dr—

**Mr Harnick:** So it may have been and it may not have been. Now, at this particular time you have received this document. You do not know how many hours it was from the time you received it to the time you returned it. Did you speak to Sue Colley about it?

**Mr Corea:** I did not speak to Sue Colley about this document in that time period or subsequently that I can recall. I spoke to Sue Colley in that time period, but it again was one of these very passing conversations and she asked me to sit in on this meeting or indicated that—but it was very passing. She is often not that available to have extensive meetings with.

**Mr Harnick:** Who else works there in that general area?

**Mr Corea:** Thirteen other staff within the minister's office; on the other side the deputy minister's office, and on the other side of that, all within relative proximity, a large number of other staff.

**Mr Harnick:** So you had this document that you were ambivalent about in terms of what it meant, how sensitive it was, whether it was confidential. You had the Treasurer pressing you for answers and you had requests for information out to the ministry to the point where you did not want to bother them any more because you had bothered them up to that time, I think you told us. Do you mean to tell me when you got this piece of information you spoke with absolutely no one on the floor on which you worked?

**Mr Corea:** That is correct. I did not speak with people about this document. I did not study it clearly. I dealt with some of the other issues that were pressing on me.

**Mr Harnick:** Did you ever, after you took the document back and it was out of your possession, speak with anyone about this document or the contents thereof?

**Mr Corea:** I have spoken with no one about this document. I have indicated to people that I have received a document. People were asking me if I received a memo and I said, "I can't recall it as being a memo." I do not have any mental picture of it being in either the form of a standard memo or an e-mail type of memo. But I indicated

I received a document. I think I have been quite clear even with counsel in referring to it as a document and not a memo. There has been lots of talk about "memo" and things like that, but to my mind it was some kind of a document that I received.

**Mr Harnick:** When you went home that night, and I think that was the night you said you went to work on your computer—

**Mr Corea:** No, I said that I can work on my computer from home. I do not recall logging into the system on that particular night.

**Mr Harnick:** Well, within those couple of nights did you ever log into the system? I think you told us at one point you did or you would not have—

**Mr Corea:** I said that was a possibility, a way I could deal with the e-mails that are received and that. I do not recall logging—

**Mr Harnick:** Was this document in your computer?

**Mr Corea:** No.

**Mr Harnick:** Was it available to you through your computer?

**Mr Corea:** No. I did not receive this, and as you—I mean, you can note that I am not copied anywhere on this electronically. The only copies I received are hard copies. The only document that I received was a hard copy. That is the curious part, why I would receive—you know, why it comes up as an electronic mail and I do not receive it as that and I am not copied on it.

**Mr Harnick:** But you do acknowledge that within your job area you could pass this information on to others, is that correct, if you had wanted to?

**Mr Corea:** If I had wanted to I could pass—there is the possibility of passing it on, yes.

**Mr Harnick:** Because what you told us is that if you had wanted to—what you said is, and I am reading it, page 1435-2, "I understood within my reporting relationships that it was entirely within my reporting relationships to pass on that information, but not to make it widely available within the office to those who did not have a need to know."

**Mr Corea:** Yes.

**Mr Harnick:** So that if you had wanted to, you could have passed this information on to those who had a need to know?

**Mr Corea:** If I thought it was relevant and they needed to know.

**Mr Harnick:** In fact in your broader relationship, you said earlier, you could have even passed this on to other ministries?

**Mr Corea:** No, I did not say that. I said that briefing material prepared for other ministries could be passed on to that.

**Mr Harnick:** But you said you had never had a situation where information that was confidential—

**Mr Corea:** No, I said—

**Mr Harnick:** —had been requested. Is that correct?



**Mr Corea:** I have indicated that I have sent material to other ministries, masking out both the advice to the minister and the recommended ministry response. Those also could be construed as confidential information.

**Mr Harnick:** I think you also said you never had a situation quite like this one arise before.

**Mr Corea:** No, there was never—I have not had specific, detailed information about a particular physician arrive at my door in that way.

**The Chair:** Mr Harnick, I want to alert you to about approximately four minutes remaining.

**Mr Harnick:** All right. I am very close to being completed. I just want to read to you the transcript of Monday, February 10, 1992, at page 1645-1. I believe this was supplied to me by counsel, who has highlighted the information. I do not want you to think that I am trying to fool you, but I—

**Mr Cavalluzzo:** Excuse me. What page in Hansard?

**Mr Harnick:** Page 1645-1. I merely want to read to you what counsel has pointed out, because I gather she gave it to me because she wants me to read it.

**Ms Jackson:** Mr Harnick, having made the point that you should refer to the evidence, I thought, since I knew where the evidence was, that I would give it to you. I leave it to you what you do with it.

**Mr Harnick:** No, it would not be fair if I did not, and I do not want anybody to say I am not fair.

**Mr Christopherson:** I will say it.

**Mr Harnick:** Go ahead.

**Mr Christopherson:** You are not fair.

**Mr Harnick:** Okay. Got that off your chest?

**The Chair:** Mr Harnick, there are three minutes remaining.

**Mr Harnick:** What Dr MacMillan said is, "I do not recall seeing anyone from the minister's staff there, but I do recall requesting the answer to whether or not anybody on the minister's staff had been in receipt of the memo." How do you explain that he did not see you there if you say you were there? That is the big mystery. Those are my questions.

Interjection.

**Mr Harnick:** Well, I have asked the question already, so—

**Mr Cavalluzzo:** You have asked the question, right, but as you say, you are a fair man.

**Mr Harnick:** I try to be.

**Mr Cavalluzzo:** You try to be fair. Well, let's look to the other part of the transcript, where Larry Corea's name is mentioned by Dr MacMillan.

**The Chair:** Mr Cavalluzzo, with respect, Mr Harnick has posed the question. I think that if there is something in terms of fairness, Mr Corea could respond in the way that he feels is most appropriate.

**Mr Corea:** Okay. Mr Harnick, maybe I can read back, then, Dr MacMillan's response:

"I am not sure when I recalled this, but I learned indeed that it did not go to Paul Howard. As I indicated, it was my understanding that this memo was not forwarded on the electronic mail but rather created on the computer and printed in the communications branch and hand-delivered to persons who could receive it. It is my understanding—you can corroborate—Paul Howard was away for a couple of days and did not receive it. It is also my understanding, but you will have to have it more direct, that Larry Corea, also of Frances Lankin's staff, did receive it."

Ms Jackson says, "When did you learn Paul Howard had not?"

Dr MacMillan: "I cannot recall. I heard he did not I believe that morning—I heard he was away—but I cannot remember."

Ms Jackson: "When did you learn Larry Corea did?"

"I do not recall precisely. I do not think I was ever certain that anybody did on the minister's staff. I...admit that in foreign territory up on the ninth floor of the Hepburn Block I simply expressed a very strong position of a senior executive director and I relied on Dr LeBlanc, who was responsible for the preparation of the briefing note."

**Mr Harnick:** I appreciate that and I do not think there is any need to clutter the transcript, because it does not answer the question. I have no doubt that you received the memo.

**Mr Corea:** And I returned it, sir.

**Mr Harnick:** I have no doubt that you read it.

**Mr Corea:** And I returned it, sir.

**Mr Harnick:** And I have no doubt that you understood what was there.

**Mr Cavalluzzo:** You are talking about a different meeting, Mr Harnick.

**The Chair:** Order, please.

**Mr Harnick:** Those are my questions.

**The Chair:** The time has elapsed. Thank you very much. I would like to remind members of the committee that there will be the necessity for an in camera hearing, which will take place in 10 minutes. We will recess for 10 minutes and resume in camera.

The committee continued in closed session at 1615.

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Cavalluzzo, Paul, counsel, Cavalluzzo, Hayes and Shilton

**Clerk / Greffier:** Arnott, Douglas

**Staff / Personnel:** Jackson, Patricia, Committee Counsel









CA2011  
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M-32 1991/92

M-32 1991/92

ISSN 1180-436X

## Legislative Assembly of Ontario

First Intersession, 35th Parliament

## Assemblée législative de l'Ontario

Première intersession, 35<sup>e</sup> législature

## Official Report of Debates (Hansard)

Thursday 20 February 1992

## Journal des débats (Hansard)

Le jeudi 20 février 1992

### Standing committee on the Legislative Assembly

Inquiry re  
Ministry of Health  
information

### Comité permanent de l'Assemblée législative

Enquête concernant  
certains renseignements  
du ministère de la Santé

Chair: Steven Offer  
Clerk: Douglas Arnott

Président : Steven Offer  
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Published by the Legislative Assembly of Ontario  
Editor of Debates: Don Cameron



Publié par l'Assemblée législative de l'Ontario  
Éditeur des débats : Don Cameron

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# LEGISLATIVE ASSEMBLY OF ONTARIO

## STANDING COMMITTEE ON THE LEGISLATIVE ASSEMBLY

Thursday 20 February 1992

The committee met at 1008 in room 151.

### INQUIRY RE MINISTRY OF HEALTH INFORMATION SUSAN COLLEY

**The Chair:** Good morning. We will call the standing committee on the Legislative Assembly meeting to order. This morning we have Ms Susan Colley, the executive assistant to the Minister of Health, before the committee. Good morning, Ms Colley.

**Ms Colley:** Good morning, Mr Chair and members of the committee.

**The Chair:** As you may be aware, prior to responding to questions by counsel and caucus there has been the administration of oath or affirmation. At this point in time I would like the clerk to do that oath or affirmation.

Susan Colley, affirmed.

**The Chair:** Thank you. Just prior to us commencing, Ms Colley, there has been a warning which I have given to all people who have appeared before the committee, and that is that in the event that you are asked a question which you cannot answer without divulging confidential information, could you please advise the committee, and if there is not a way to disclose that information without divulging such confidential information, then the matter may be addressed in an in camera proceeding.

For the benefit of committee members, counsel is now going to be asking questions of Ms Colley. In the event that that questioning is not completed by noon today, together with rotation—our understanding is that it would not be—we are going to go at 2 o'clock to the calling of Dr Stephen Kosar. This breaking up of the question and answer by Ms Colley has been cleared by herself and counsel, and certainly by subcommittee members. I note that Mr Cavalluzzo is here today, and I understand that you are aware of this possibility which is required because of the scheduling for Dr Kosar. So, I thank you, Ms Colley and Mr Cavalluzzo, for permitting this type of questioning and the potential breaking up of the questioning to proceed so that we may meet with the scheduling requirements of Dr Kosar. Having said that, I would now invite Ms Jackson to commence with questioning.

**Ms Jackson:** Ms Colley, you are the executive assistant to the Minister of Health?

**Ms Colley:** Yes.

**Ms Jackson:** And you, I understand, have held that position since April 1991?

**Ms Colley:** As executive to the Minister of Health, yes. I have been the executive assistant to the minister Frances Lankin in her role as Chair of Management Board and Minister of Government Services since October 1990.

**Ms Jackson:** And before that, before becoming executive assistant to Ms Lankin in October 1990, as I understand it, you were for a number of years the director of the Ontario Coalition for Better Child Care?

**Ms Colley:** That is right.

**Ms Jackson:** During the period in which you were the executive assistant to Ms Lankin when she was with Management Board, as I understand it her responsibilities at that time included the responsibility for the negotiation of the agreement that we have heard so much about in these proceedings between the Ontario government and the Ontario Medical Association?

**Ms Colley:** The famous framework agreement, yes.

**Ms Jackson:** Yes, and therefore, before you and Ms Lankin moved into the Ministry of Health you had already acquired some extensive familiarity with that agreement and the policy issues underlying it?

**Ms Colley:** Some, yes.

**Ms Jackson:** All right. I guess in particular you would have been familiar by the time you became the executive assistant to the Minister of Health with the concept of the threshold as it is contained in that agreement and the government's intention, to the extent it had developed one, as to how that was to operate?

**Ms Colley:** Yes, very much so. It was one of the key components and elements of the agreement with the Ontario Medical Association.

**Ms Jackson:** Now before we sort of go through the events of the fall of 1991, which are clearly going to take some of the committee's attention this morning, can I just have you review in general terms the number of people and the structure of the minister's office? As I understand it, in addition to yourself, she has five policy assistants?

**Ms Colley:** Yes. Shall I just describe it for you?

**Ms Jackson:** Certainly.

**Ms Colley:** The structure of the minister's office is really divided into four components: policy advice to the minister, customer service, communications and legislation. We have 14 people altogether who serve in various capacities to provide that kind of support to the minister.

**Ms Jackson:** Just in general terms, approximately how many assistants or people are there in each of those four areas?

**Ms Colley:** Right. Five policy assistants, one communications assistant, one legislative assistant, the customer service coordinator in those areas, and then there are general assistants that provide additional support in various capacities like scheduling and helping out with the thousands, actually, of appointments that we have to make or the minister has to make every year as the Minister of Health, and



assisting with her tours and general office administration, correspondence, etc.

**Ms Jackson:** The customer service coordinator is, of course, Mr Corea, from whom the committee has heard?

**Ms Colley:** That is right, yes.

**Ms Jackson:** Can you tell us what position is occupied by Paul Howard?

**Ms Colley:** Paul Howard is a special assistant with responsibility for communications.

**Ms Jackson:** And you, as I understand it, are the senior person in the minister's office. In effect, you are in charge of all of those people you have just described?

**Ms Colley:** Yes.

**Ms Jackson:** Now may I turn to the events of the fall of 1991 and in particular start with the process of implementation of the OMA-government agreement. As I understand it from the discussion that members of my office had with you before, by the early fall you and the minister and the ministry were working on a refinement of the question of what is included in the technical fees that we have heard are to be deducted from a doctor's income in implementing the threshold. Was that about the right time for that?

**Ms Colley:** Yes. I mean, I think that in general there has been a regular monitoring of the implementation of the OMA agreement, you know, from its inception, from its signing in June. As we approached the fall, obviously various doctors were beginning to become anxious about the fact that they may have reached the threshold limit with regard to their earnings, and so consequently the issue became more prominent than it had in July, when the agreement had just been signed.

**Ms Jackson:** Another issue that I understand assumed some prominence was the question of who and on what basis doctors might be exempted by virtue of the provision in the agreement allowing the minister to exempt doctors on the basis of region or specialty?

**Ms Colley:** That was a discussion. I mean, I think that in the course of the implementation there had been various decisions made by ministry staff to exempt certain technical fees and the area that had not received full attention was the issue of the specific specialties or regional distribution. On November 4 the minister did have a discussion at the minister's policy committee about threshold exemptions at which she concluded basically that there should be no exemptions to the threshold, although she was very keen to make sure that both the quality and access to service continued and that therefore, if there were real problems, she wanted them examined and she wanted creative approaches taken to that situation.

**Ms Jackson:** Now the committee has seen correspondence that went out to members of the public and to doctors and so on, dated I think November 13, announcing that the government had decided not to grant any exemptions by region and specialty. You are saying, I think, that that decision was in fact taken on November 4. Is that correct?

**Ms Colley:** That is right, yes.

**Ms Jackson:** Now you have made reference in the answer that you just gave to the prospect of there being, I think you said, creative alternatives. What do you mean by that? First of all, was that language used by somebody?

**Ms Colley:** It is a favourite term of the minister, I think you will find. I mean, I think that on her agenda one of the most important things for her is to look at how we can as a government effectively deliver quality services, reform the health care system, at the same time as we become more and more conscious about the fiscal situation and making sure that expenditures do not skyrocket out of control. So this of course requires an incredibly delicate balance, and when the agreement with the Ontario doctors was envisaged, it was certainly that balance that was intended, the balance that would in fact make sure that doctors' fees did not continue to increase, but at the same time that patients would have access to services. So consequently I do not think we were talking about exceptions, but looking more at how the implementation could be effected in a way that ensured that access was there. At the same time, also—

**Ms Jackson:** Excuse me, Ms Colley. I am really just wanting to focus on this one phrase.

**Ms Colley:** Right.

**Ms Jackson:** You have indicated that there was reference, in the course of this decision not to grant exemptions, to the use of creative alternatives, correct?

**Ms Colley:** Yes.

**Ms Jackson:** And I think you have said that is a favourite phrase of the minister's, is that right?

**Ms Colley:** Yes.

**Ms Jackson:** Was it used in the context of this discussion about exemptions?

**Ms Colley:** It was referred to, yes.

**Ms Jackson:** And in that context, was there any elaboration of what was meant in that particular context?

**Ms Colley:** No. What I meant was that the minister did instruct ministry staff to make sure that they engaged in creative activity to make sure that, you know, no stone was left unturned in making sure that the issues of access and quality were realized.

**Ms Jackson:** All right. Now during the course of this evolution of issues in relation to the threshold agreement, particularly in the period of November that you are now talking about, can you identify for the committee when you first became aware of a controversy in Sudbury, in relation to the impact of thresholds on doctors there?

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**Ms Colley:** I think the first time I was really aware of it, other than the general kind of awareness about the problem of physician retention and specialist retention in the north, was around the 12th of November when I was copied with a memo from Larry Corea to Eugene LeBlanc asking specifically about the practice of Dr Donahue and why it was that he was going to have to close down his practice.

**Ms Jackson:** I am going to take you to that memorandum in just a minute, but do I understand that you are saying



until you saw that memorandum you do not have any recollection of being aware of any controversy in Sudbury at all in this area that was in any way different from the rest of the province?

**Ms Colley:** Yes.

**Ms Jackson:** Is it fair that once you became aware of it you were aware of a sensitivity within the ministry generally? That is an area where there are a lot of government members, is it not?

**Ms Colley:** In Sudbury?

**Ms Jackson:** Yes.

**Ms Colley:** There are lots of government members all around the province, but in Sudbury, yes, there are three.

**Ms Jackson:** Did that make it a particularly sensitive issue for the ministry in your recollection?

**Ms Colley:** No, I do not think that is correct. I think that Frances Lankin, as minister, has given very strict instructions to make sure that all the people of Ontario are served, that all members who request assistance and information are given the most support possible. I think that is a basic tenet of the minister, that she actually does believe that we should be dealing with health issues in a very non-partisan way.

**Ms Jackson:** You say that you first became aware of this when you saw a memorandum on November 12. There should be beside you, Ms Colley, a book of exhibits. Could you turn up exhibit 28?

**Ms Colley:** Is that the memorandum you are referring to?

**Ms Jackson:** That is it, yes. When did you receive that?

**Ms Colley:** The 12th of November.

**Ms Jackson:** Shortly after the time that is on the memorandum?

**Ms Colley:** I imagine it arrived in my machine at that point. I usually read my e-mails in the evening, so I probably—I think I remember reading it that evening.

**Ms Jackson:** All right. I should say of course the e-mail that you received I assume did not have this big black mark in the middle.

**Ms Colley:** Right.

**Ms Jackson:** Subject to that, it is the e-mail you received, right? Prior to receiving it, what information, if any, do you recall having concerning Dr Donahue?

**Ms Colley:** Prior to receiving this memo?

**Ms Jackson:** Yes.

**Ms Colley:** I had never heard of Dr Donahue before receiving this memo.

**Ms Jackson:** You had not heard of a dermatologist in Sudbury at all?

**Ms Colley:** No.

**Ms Jackson:** Do you know or did you know when you received the memorandum what the source of the information in the second paragraph of the memorandum was?

**Ms Colley:** Yes, because also in my job, as I think has probably been described, the day-to-day activities are extensive. We are extremely busy all the time. We have lots of

piles of paper to go through. I have an in-tray that high every day, I get about 100 e-mails on my machine every day, on average, I get about 50 telephone calls a day and I have 14 staff I am responsible for, so that it is sort of an impossible situation. But what I actually do try to do is to sort of touch base with each of the special assistants throughout the day, to try and flag and work with them on what the issues are.

So actually I had talked to Larry about this before I had even read this memo, and he had told me that he had received a phone call from Nuala Doherty and that he had received some information about—what he basically said was: “We’ve got a problem because it looks as if the dermatologist in Sudbury is going to close down. I can’t understand why that is. He’s apparently got a lot of staff and has an extensive practice. He’s the only dermatologist serving the whole of northeastern Ontario and Mr Laughren’s office has a lot of concerns about it.” Larry told me that he was writing to Dr LeBlanc to get some briefing notes to find out why this dermatologist was going to have to close, whether he was affected by the threshold or what the situation was.

**Ms Jackson:** So in terms of the process that you describe, of flagging issues with your assistants, this issue has now been flagged?

**Ms Colley:** It has, yes.

**Ms Jackson:** And the information, you understood from your conversation with Mr Corea, that is contained in his memorandum about Dr Donahue came from Ms Doherty?

**Ms Colley:** I understand, yes.

**Ms Jackson:** Did you have any view at the time as to whether that information was personal or confidential in nature or whether it was generally available, or did you think of that issue at all?

**Ms Colley:** I was told by Larry Corea that the information had come from, the details had come from Mr Laughren’s office.

**Ms Jackson:** But did that cause you to think at all about whether the information was or was not confidential, personal information?

**Ms Colley:** Not really, because it came directly from Mr Laughren’s office and—

**Ms Jackson:** So the fact that it—sorry.

**Ms Colley:** Yes, so I had assumed that this was information—I mean, this is quite a common situation, that somebody will go to his MPP and tell him his circumstances and the MPP will call us to try and seek resolution to a problem or an issue. This happens quite extensively. So if you are asking me whether we actually ask all the MPPs whether they have got the consent of their doctor or their constituent, we do not do that. We assume that they have got that permission and therefore are relaying information that they can relay to us.

**Ms Jackson:** Is it fair that you would assume as well that since this is information coming to the ministry from outside, you do not have a duty to protect it as confidential?

**Ms Colley:** I think we have a duty to protect the information that we retain in our records, absolutely, yes.



**Ms Jackson:** Even if it comes from outside in the first instance?

**Ms Colley:** Oh, yes.

**Ms Jackson:** Now, I have asked you what you think. Is this something you actually thought about at the time, whether it was or was not personal, confidential information?

**Ms Colley:** Yes, it was, because in fact Larry and I did have a discussion about—in the course of this I do remember us having a discussion about being aware of the fact that information relating to doctors and their practices was confidential information.

**Ms Jackson:** Did you have that discussion in the course of discussing the content of this memorandum?

**Ms Colley:** Well, we were not really discussing this memorandum; we were discussing the situation. But yes—

**Ms Jackson:** I mean that—sorry, the information—because you said you discussed it perhaps before you got the memorandum. But was it in the context of the discussion of the information that is in this memorandum that you had this discussion that you have now mentioned about personal information?

**Ms Colley:** Yes.

**Ms Jackson:** Do you remember how that issue came up, or why?

**Ms Colley:** I think it was because Larry had not actually had a situation like this before and he is very serious and responsible. I mean, I think that basically he was—something in his mind had alerted him to the fact, probably the fact that this is an issue of course within the Ministry of Health, but something in his mind did alert him to the fact that we were going to be dealing with issues of confidentiality in this case, which is a bit different perhaps than when we are dealing with a hospital, where workers are being laid off and so on. That is a bit of a different issue. So he was conscious of it. I am not trying to say that this was a big deal. I just do remember him flagging the fact that we had to be careful about personal information.

1030

**Ms Jackson:** So he raised the issue?

**Ms Colley:** He raised the issue, yes.

**Ms Jackson:** What did he say about it, specifically?

**Ms Colley:** Well, I just—I mean, all I remember is that he—let me think if I remember exactly what he said. He has a bit of a—I mean, basically that figures were coming across about Dr Donahue. I think just what I have said really, which is that, “If I get information, I’m going to have to be careful about what I do with it.” It was not quite those words, but that was the sentiment.

**Ms Jackson:** Did you say anything about that issue?

**Ms Colley:** I think I said, “Absolutely, yes.”

**Ms Jackson:** All right. What was your understanding, then, of the purpose of this memorandum?

**Ms Colley:** My understanding was that the purpose of the memorandum was to establish whether we had a problem with supplying dermatology services in the north and, you know, if in fact Sudbury no longer had a dermatologist and what would that mean in terms of the patients in the

north, how would they have access to dermatology services? Would this mean that we would have to actually send people down and pay for them to come to Toronto through the program of northern health travel grants?

**Ms Jackson:** Why was the memorandum sent to you? Do you know?

**Ms Colley:** Well, I think—yes, because I am copied on most of these kinds of things, just to keep me involved and informed about what is going on.

**Ms Jackson:** You say you are copied on most of “these kinds of things”. What do you mean by “these kinds of things”?

**Ms Colley:** Most e-mails that the special assistants or general assistants send to ministry staff requesting information I am usually copied on.

**Ms Jackson:** All right. Did you, at the time that you had this discussion with Mr Corea and read the memorandum, all of which, I take it, occurred on the same day—

**Ms Colley:** Yes.

**Ms Jackson:** Did you at that time have any questions or concerns in your mind about Dr Donahue and his practice?

**Ms Colley:** No, I actually—and Larry too, because he was communicating this information to me—was very concerned about the fact that we might be losing dermatology services in the north. This seemed to me to be a serious issue. We did not understand why that was, so basically our approach was to find out how to resolve the problem.

**Ms Jackson:** So seeing what you were told about his practice in this memorandum and the questions that were asked in the memorandum, you had no concerns or questions in your mind about Dr Donahue or his practice?

**Ms Colley:** About him specifically, you mean, him personally?

**Ms Jackson:** Or the nature of his practice beyond the—

**Ms Colley:** Well, yes. I mean, I was concerned about dermatology, but at the same time, in my mind, I also knew that we were deinsuring epilation on the 15th of November, which happened to be the next day, and of course—

**Ms Jackson:** Did you say on the 15th of November?

**Ms Colley:** Yes.

**Ms Jackson:** This is the 12th.

**Ms Colley:** Oh, okay. Well, the next—right. Within the week, anyway, that week. Because I knew that he was employing 14 staff and so on, it did occur to me that there was a possibility that Dr Donahue might be affected by the decision to deinsure epilation.

**Ms Jackson:** Why did that occur to you in light of the 14—you are saying the occurrence of that thought was related to the fact that he had 14 staff?

**Ms Colley:** Mm-hmm.

**Ms Jackson:** Can you explain to the committee what the relationship is, in your mind at least?

**Ms Colley:** Only that I knew that epilation was a service that was often set up in doctors’ offices and much of the work was delegated to electrologists to do on the premises of the physician.



**Ms Jackson:** How did you know that?

**Ms Colley:** Because we had been discussing this issue even going back to actually management. When Ms Lankin was at Management Board, it had been an issue that had been raised. Ms Lankin had been lobbied by the electrologists and by women who were in receipt of the services, and we were aware that it was an issue under discussion within the Ministry of Health going way back. So when she became the Minister of Health, it was an issue that she obviously got briefed on, and I knew there had been an advisory committee looking at whether or not epilation should be considered to be a service that was one that should continue to be insured. There had been a lot of discussion about that, there was a lot of lobbying about that and a lot of the details of how it functioned, both from the point of view of the electrologists and their practices and physicians who actually did epilation in their practices.

So I got quite familiar with that and quite familiar with the debate about whether it was a cosmetic service that should be deinsured and about the fact that there was no real fair criteria for assessing whether or not certain women should have access to the service and others should not. So it became an increasingly—

**Ms Jackson:** I understand from what you are saying that as a result of this having been an issue in the province, you had become somewhat familiar with what epilation services were.

**Ms Colley:** Yes. One of the things I suppose—

**Ms Jackson:** Let me just take you through the stages and make sure we understand your thinking. You knew something about epilation?

**Ms Colley:** Mm-hmm.

**Ms Jackson:** You knew it was often done by delegated staff in a doctor's office? Is that what you are saying?

**Ms Colley:** Yes.

**Ms Jackson:** Of course that would typically be in association, I take it, with a dermatologist's office? Is that right or is that not so?

**Ms Colley:** Yes.

**Ms Jackson:** So you see you have a doctor here with a lot of staff, a dermatologist with a lot of staff, and based on the experience you have described, you conclude that he may well be doing a lot of epilation. Is that right?

**Ms Colley:** That is right.

**Ms Jackson:** By this time, the government has already decided to delist epilation from the insured benefits under OHIP?

**Ms Colley:** Yes.

**Ms Jackson:** That, as I understand your evidence, is because by that time the government had concluded that epilation was essentially cosmetic rather than medical?

**Ms Colley:** Yes.

**Ms Jackson:** Therefore, in your mind, you are saying, "Here's a doctor who seems to be doing a lot of epilation, which is a service we have concluded is not medically necessary."

**Ms Colley:** Yes.

**Ms Jackson:** So that is the concern you get in your mind when you read this memo?

**Ms Colley:** Right.

**Ms Jackson:** Okay. Did you have any other concern or question about Dr Donahue's practice as a result of reading this memorandum or for any other reason at this time?

**Ms Colley:** Well, yes. I was very concerned that the only dermatologist in Sudbury was threatening to close his practice and was very critical of the government for causing him to do that. So it was a concern. I mean, that was the concern I had: Can we resolve this problem? Is this something that is going to cut off services to people in Sudbury or not, or are they going to be able to get it in the marketplace, if it is epilation, or how will these services be replaced, basically?

**Ms Jackson:** And if the service that he is providing turns out to be in large measure or predominantly epilation, I take it from what you are saying the closure of his office would not be something the ministry would be concerned about. Is that right?

1040

**Ms Colley:** That is right, because if in fact his practice was largely epilation, then it would not be a service that would be insured under OHIP anyway and it would mean that it could be provided either by the physician directly or by electrologists in the community, the marketplace.

**Ms Jackson:** But if it is not a medically necessary service, you are not so concerned, as the Ministry of Health, as to whether it is or is not provided anyway. Is that fair?

**Ms Colley:** Yes.

**Ms Jackson:** So I take it if that is at least the concern that is identified in your mind, one of the things you want to know then when you see this is, "Is he in fact, as I suspect, doing a large amount of epilation?" Is that fair?

**Ms Colley:** Yes.

**Ms Jackson:** So that is one piece of information that you think is important to know to deal with the issue as you understand it.

**Ms Colley:** That is right.

**Ms Jackson:** Now, I asked you just about concerns and questions in your mind. Let me just deal with this question and we can put it behind us. Did you at any period until you read a press report/statement on this point in January 1991 ever hear any indication that Dr Donahue's practice was being reviewed within the ministry or at the MRC?

**Ms Colley:** No, I did not. I did not know that until I read it in the Toronto Star.

**Ms Jackson:** That is the Toronto Star of January 26?

**Ms Colley:** That is right, yes.

**Ms Jackson:** Mr Donovan's article?

**Ms Colley:** Yes. And, I mean, one of the things that was happening of course is that—I, and everybody else on our staff, was still on a very intense learning curve. There is an incredible amount to know and understand and learn about the Ministry of Health. To be quite honest, I did not



really know at that point what the Medical Review Committee even was.

**Ms Jackson:** Now, we have covered the fact that you have discussed this issue with Mr Corea. Then that night probably you read the e-mail. Did you have any further discussion with Mr Corea about the e-mail after you read it?

**Ms Colley:** Oh, you mean after I read the e-mail?

**Ms Jackson:** Yes.

**Ms Colley:** No, I just flipped it. I had talked to him so I just flipped it.

**Ms Jackson:** You just what, sorry?

**Ms Colley:** Flipped through it in my masses of e-mails every night.

**Ms Jackson:** All right, flip it, you said, okay.

**Ms Colley:** I recognized the discussion that happened and carried on.

**Ms Jackson:** Now then, let's go then to November 13, the next day. Did you become aware that day of a broadcast by Dr Donahue indicating his intention to close his office?

**Ms Colley:** I did, yes, and I became aware of this through two sources. One was that I became aware he had been on the radio or TV, I think. I got a clipping anyway, and second, because—what happens is that basically the way that we work in ministers' offices, and I think this applies to all MPP offices actually, is that designated people in our office deal with problems and concerns that arise from constituents. If it becomes a more serious issue, then what clicks in is what we call the EA-to-EA relationship. So on the 13th I received a memo from Betty Notar, who is the executive assistant to the Treasurer, Mr Laughren. She sent a fax to me asking to investigate this.

**Ms Jackson:** Okay. I will come to that in a minute, but my question was a little simpler than that. I take it you did become aware of a broadcast by Dr Donahue on that day.

**Ms Colley:** Yes.

**Ms Jackson:** Now, could I ask you to turn to exhibit 11 in the book before you and tell us, if you can, whether that is the broadcast you became aware of.

**Ms Colley:** I think so. I mean, I think there was another one too. I mean, there were two. One was discussing epilation and the deinsuring of epilation, and the other one was—

**Ms Jackson:** Can you turn back then to exhibit 10—

**Ms Colley:** Oh, okay.

**Ms Jackson:** —which is a broadcast five days previously on epilation.

**Ms Colley:** Right.

**Ms Jackson:** Had you heard about that broadcast when it was given?

**Ms Colley:** I do not remember. I mean, I remember being aware of a broadcast on this day and I remember being aware of the doctor closing his office, or the threats to close his office, and I do not really specifically remember which broadcast I read.

**Ms Jackson:** The committee has heard some evidence that there is within the ministry a meeting in the morning

which I think has variously been described as a contentious issues meeting or a priority briefing meeting.

**Ms Colley:** Yes.

**Ms Jackson:** That, we understand, is a meeting that takes place every morning to highlight the things that look like they are going to, if I may put it colloquially, blow up during the day. Is that a fair description?

**Ms Colley:** Pretty well, yes.

**Ms Jackson:** Do you go to that meeting?

**Ms Colley:** No, I do not. We actually have two meetings. There is a meeting of the contentious issues unit, as you have described. That is followed by our own staff meeting, where we review those issues and other information items and a report from our customer service unit and the schedule for the day. So we deal with all those things after the contentious issues meeting between the ministry staff and our minister's staff.

**Ms Jackson:** On that morning do you recall the question of Dr Donahue and the broadcast he had just given or Dr Donahue and the closure of his practice being raised at either the meeting you attended or the contentious issues meeting. Did you hear a report of its being raised?

**Ms Colley:** I do not remember whether it was raised or not, no.

**Ms Jackson:** Just while we are dealing with what you are aware of as it comes in, could I ask you to turn up exhibit 48, which is a fax that Mr Corea has indicated was sent in to him that morning, enclosing a notice of Dr Donahue's office closure. Do you know if you saw that?

**Ms Colley:** Yes, I did see it, but I actually do not know when I saw it—in that time period some time.

**Ms Jackson:** All right. You said a few minutes ago that I think as a result of this broadcast, as I understood it, the EA-to-EA relationship clicked in. Did I correctly understand what you were saying?

**Ms Colley:** I do not know whether it was a result of the broadcast. It is quite possible that it was. All I know was that Ms Notar—Betty—had sent me a fax because she was becoming increasingly concerned about the problem.

**Ms Jackson:** If you were to flip over to exhibit 49, can you tell the committee if that is the—you called it a fax, but it does not appear to be—the memo you are referring to?

**Ms Colley:** That is it, yes.

**Ms Jackson:** Is that just an interoffice memo, or how does it come to you?

**Ms Colley:** Right, usually things are faxed, but this does not look like it was faxed. I mean, it came to me on my desk in my in-tray. It is a memo. How it came, whether it came in an envelope or a fax I do not usually pay much attention to actually.

**Ms Jackson:** May we take it that what looks like an innocuous black and white sticker was probably red at the time? It says "Rush Urgent" twice over.

**Ms Colley:** That is right, yes.

**Ms Jackson:** So the EA-to-EA relationship has really clicked in.



**Ms Colley:** It has really clicked in, yes.

**Ms Jackson:** This is something that needs your immediate personal attention.

**Ms Colley:** That is right.

**Ms Jackson:** That, I take it, was in part because Mr Laughren was planning to be in his constituency on the 15th.

**Ms Colley:** On the weekend, yes, and—

**Ms Jackson:** You knew that.

**Ms Colley:** Whether I knew that specifically or whether I just knew that because I know that Mr Laughren nearly always goes home on the weekend and, you know, would be in his constituency, I do not remember.

**Ms Jackson:** Had you heard that or did you in the days leading up to the 15th learn that there was to be some kind of meeting with doctors on the 15th, between doctors and Mr Laughren?

**Ms Colley:** Yes, I think I did learn that.

**Ms Jackson:** And that would be an additional reason for the urgent request for information on Dr Donahue?

**Ms Colley:** Right, yes.

**Ms Jackson:** Now, in this memo—had you talked to Ms Notar about this issue, do you know, before you got this “Rush Urgent, Rush Urgent” memo?

**Ms Colley:** I do not remember talking to her about it, but I could have done.

**Ms Jackson:** In any event, you do not recall any fleshing out of this issue beyond what is in the memo?

**Ms Colley:** No.

**Ms Jackson:** All right. Now she, in the memo, asks for “briefing notes on Dr Donahue’s actual position.”

**Ms Colley:** Mm-hmm.

**Ms Jackson:** What did you think she meant by that?

**Ms Colley:** Whether he was actually going to close his office or not and whether there was anything the Ministry of Health could do to basically prevent the closure of dermatology services in Sudbury.

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**Ms Jackson:** To know whether or not Dr Donahue was actually going to close his office, you would have to know, I take it, something about the financial structure of his office to understand whether the threshold posed a financial threat to him or not. Is that fair?

**Ms Colley:** Sorry, what did you say?

**Ms Jackson:** To know whether Dr Donahue was actually going to close his office, would you not need to know something about the financial structure of his office to know if he was truly threatened by the threshold or not?

**Ms Colley:** I think so. One of the things we had been encouraging was for ministry staff to do a more hands-on kind of investigation of these kinds of situations. I think that is how we understood the direction coming out of the meeting of November 4: to seek creative solutions, to actually sort of look at what really is going on here. Is this a problem or is it not? Is it something we can redress? There had been other instances where there has been some sort of

exploration of a problem and solutions had been found through a grant structure and so on.

**Ms Jackson:** If you knew Dr Donahue’s actual financial position, you might be able to make an assessment of whether he was likely to close or not, and I think you are saying that if he was, you would be in a position to see if there were solutions to that problem. Is that right?

**Ms Colley:** Yes. I think it is looking at his practice, what it involved, whether it involved epilation, whether his practice was subject to the threshold or not, whether he was in the underserved area program. All those questions would have been involved, I think, in figuring out what the actual position here was.

**Ms Jackson:** So you would need to know what kinds of services he performed?

**Ms Colley:** Yes.

**Ms Jackson:** What kind of moneys he was taking in for those services? Yes?

**Ms Colley:** Yes.

**Ms Jackson:** Then you could figure out whether that was a threshold problem or not, and if it was, if it was all epilation, you might conclude you did not care.

**Ms Colley:** Yes. What we were concerned about, which is probably different from what Mr Laughren was concerned about, was whether or not our policies here were working; you know, whether or not there was some policy glitch that meant we should be looking at changes to policy.

**Ms Jackson:** We have talked about this question of actual position. She wants a political response from the Ministry of Health. What did you think she meant?

**Ms Colley:** I think the political response here was really a political response to say, should exemptions be applied to Sudbury as in the north or not? I assumed that is what she was talking about.

**Ms Jackson:** In particular, whether there should be an exemption of Dr Donahue?

**Ms Colley:** Yes. I think that was implied.

**Ms Jackson:** I beg your pardon?

**Ms Colley:** I think that was what was implied.

**Ms Jackson:** So that would go back to the question of what his actual position was, as we have just been discussing that.

**Ms Colley:** Mm-hmm.

**Ms Jackson:** So you want the information that would enable you to answer those questions. Is that right?

**Ms Colley:** I am looking for the information that basically says, do we have a policy problem here? Is Mr Laughren right in his assertion that perhaps this is not a cost-effective way of delivering services in the north; that by creating the closure of a doctor’s office and forcing people to use northern health travel grants, is this the way we should be doing things? That is the piece I am really looking at.

**Ms Jackson:** I understand from your evidence, Ms Colley, that to answer those questions, and you do want to answer—your objective now is to answer those questions?

**Ms Colley:** Yes.



**Ms Jackson:** I understand from your evidence that to answer those questions, you concluded you would need to know what kinds of services Dr Donahue was doing and what his revenue from those services was—is that correct?—among other things.

**Ms Colley:** Yes. That might help, yes. We might need to know that. I mean, I do not know whether I was aware that we actually needed to know the specifics of that to know the answer to the political questions. Right?

**Ms Jackson:** I think you have told us that it would seem to be significant to answering those questions, for the reasons we have just been through.

**Ms Colley:** Yes. I think what I am trying to do here is to figure out what in my mind I thought I needed to know at the time, compared to what I realize I needed to know now. Do not forget that I did not understand all of what was going on at that point, and what I was concerned about was the fact that services were being threatened.

**Ms Jackson:** I understand. It is moving quickly.

**Ms Colley:** Yes.

**Ms Jackson:** You are saying you may not have stopped to think about it in quite the detail I have put you through right now. Is that right?

**Ms Colley:** Right, yes.

**Ms Jackson:** But if you had, what you have told us is what you would have thought.

**Ms Colley:** Yes. I do not know whether I would have needed to have known all the particulars about his billings. I think I might have needed to know particulars about how much he did of a certain thing, which I suppose implies financial information.

**Ms Jackson:** Financial information and practice mix information.

**Ms Colley:** Yes.

**Ms Jackson:** Okay. Can you turn to the memorandum that has been marked as exhibit 29 in these proceedings, which appears to be your first step in responding to this urgent EA-to-EA request.

**Ms Colley:** Mm-hmm.

**Ms Jackson:** Is that in fact a memorandum that you sent?

**Ms Colley:** Yes.

**Ms Jackson:** Was that in fact the thing that you did in response to the memo we have just been looking at?

**Ms Colley:** Yes, and in fact it is pretty much cribbed from the memo that comes from Betty.

**Ms Jackson:** So when you use the words “actual position” and “requiring a political response,” you are picking up exactly what you have been asked.

**Ms Colley:** Yes.

**Ms Jackson:** Then you say you want this to fit “within one of the ‘creative’ scenarios that the minister asked for suggestions on.” That would be a reference, I take it, to the creative alternatives or creative scenarios that you described earlier in your evidence.

**Ms Colley:** Yes.

**Ms Jackson:** At the time you sent this memo, you knew that Larry Corea was already working on this issue. Is that right?

**Ms Colley:** Right.

**Ms Jackson:** What happened is that because of your urgent request from Ms Notar, the issue has acquired more prominence. Is that right?

**Ms Colley:** Yes.

**Ms Jackson:** This is an effort by you to get a more urgent answer. Is that right?

**Ms Colley:** Yes.

**Ms Jackson:** I take it if the point of answering the question is to have Mr Laughren in possession of the information when he goes to his riding on the 15th, you want the information by the 14th at the latest.

**Ms Colley:** Hopefully, yes.

**Ms Jackson:** Or the 13th, if you can get it.

**Ms Colley:** Right.

**Ms Jackson:** Not any later. Is that right?

**Ms Colley:** As soon as possible, yes.

**Ms Jackson:** Do you know if a copy of this memo would have been sent by you to Ms Notar?

**Ms Colley:** It would not be, no.

**Ms Jackson:** Were you aware of similar information requests coming in about this time from the other members in the area, namely, Ms Martel’s and Ms Murdock’s offices?

**Ms Colley:** Yes. Larry had mentioned that their offices were also concerned about the issue, and not just about the dermatologist but also about the problem for doctors in Sudbury who were facing a possible threshold situation.

**Ms Jackson:** So the information you collect for Mr Laughren, is it fair, would be information that you would intend to be passed on to them as well?

**Ms Colley:** Yes.

**Ms Jackson:** As far as you know, they all have the same concern on this issue at this time?

**Ms Colley:** Right.

**Ms Jackson:** Did you in fact receive any response to this memorandum on the 13th?

**Ms Colley:** Not a word.

**Ms Jackson:** We move to the 14th. Is it fair that, because of the timing, you would be getting a little more anxious to get an answer to this memorandum?

**Ms Colley:** I cannot say that this was actually at the top of my mind, even at this point. It is not something that is occupying all my waking hours.

**Ms Jackson:** Clearly not.

1100

**Ms Colley:** It was just one of those things that seemed to be getting a little more urgent and that I basically pursued. I think basically what happens here is that if our policy assistants cannot retrieve the kind of information that they need in the time lines, then—I have a regular working relationship with the deputy minister, Mr Michael Decter. I will go to him and say, “Michael, could we get some action



on this one, please?" and that triggers another kind of response. That is what I had intended by the memo the day before. But, in fact, the issues that were occupying us at that point were much more important, in my view. We were going through estimates and—

**Ms Jackson:** I do not mean to suggest it was the most important thing in your mind that day.

**Ms Colley:** Right.

**Ms Jackson:** I think you are saying that is not so.

**Ms Colley:** Yes.

**Ms Jackson:** But my simple point was, if it was urgent on the 13th and it is still hanging around unanswered on the 14th, it is a little more urgent then.

**Ms Colley:** Yes, of course.

**Ms Jackson:** All right. Taking yourself as best you can through your recollection of November 14, do you recall during the day receiving any further information in answer to this request?

**Ms Colley:** No.

**Ms Jackson:** Do you recall hearing from Mr Corea whether he had received any information?

**Ms Colley:** No. I talked to him in the evening on the telephone.

**Ms Jackson:** In the course of that conversation, do you recall hearing from him whether he had received any documents in relation to this matter during that day?

**Ms Colley:** No. Actually, the reason we talked about this issue was—I mean, he was actually driving this, not me, and he reminded me that he still had not had a response from the ministry staff in order for him to prepare a response to Mr Laughren's office. At that point, he was asking me to step on it.

**Ms Jackson:** At this point, when we talk about a ministry response, the response you are looking for on the 13th is essentially the same response that he was looking for on the 12th. Is that right?

**Ms Colley:** Yes, that is right.

**Ms Jackson:** He is now driving this, you say, and he is getting more concerned because he has not got an answer.

**Ms Colley:** Right.

**Ms Jackson:** Do you recall whether you were talking to him because he phoned you about it, or did you phone him? How did you come to be talking?

**Ms Colley:** I do not remember whether I phoned him or he phoned me. As I say, I tend to try to touch base with everybody throughout the day, and sometimes it is by phone, sometimes it is during the day, sometimes it is in the evening. All I remember was talking to him about this and a couple of other things.

**Ms Jackson:** In any event, you discerned at least that you had been successful in communicating to him the sense of urgency that this is a request that must be answered. Is that right?

**Ms Colley:** Yes.

**Ms Jackson:** And he was now pressing for an answer?

**Ms Colley:** Yes.

**Ms Jackson:** What, if anything, did you decide to do as a result of this conversation to get an answer?

**Ms Colley:** Right. I usually have meetings with Mr Michael Decter, the deputy minister, every day, or every other day if we cannot make it every day. Usually they are early in the morning, and I said I would raise it with Mr Decter the next morning.

**Ms Jackson:** You said that to Mr Corea, did you?

**Ms Colley:** Yes.

**Ms Jackson:** So the matter was left that you would attempt to get an answer from Mr Decter in the morning.

**Ms Colley:** Yes.

**Ms Jackson:** All right. Let's move to the morning of the 15th. Did you indeed meet with Mr Decter?

**Ms Colley:** Yes, I met with him briefly as usual. Meetings with the deputy minister are also a bit on the fly and so on, so they tend to have that character about them as well.

**Ms Jackson:** This is a meeting just between the two of you, is it?

**Ms Colley:** It varies. Sometimes it is with Tiina Jarvalt, who is the deputy minister's executive assistant, as well. I do not recall whether she was at this particular meeting.

**Ms Jackson:** All right. Is there anyone else who might have been there or whom you recall being there?

**Ms Colley:** No.

**Ms Jackson:** Now can I ask you to turn up exhibit 50? That is an edited copy of an e-mail that it appears you sent that morning. Did you in fact send this e-mail, although not with the blanks that appear in exhibit 50?

**Ms Colley:** Yes, I remember dashing this e-mail off to Larry following my meeting with Mr Decter—I think it was two minutes to 9, two minutes before I was due at another meeting—and just basically hitting the highlights of my discussion with Mr Decter and indicating that basically what had happened here was that Mr Decter had—Mr Decter is very good at being able to sort of calm down the obsessions of political staff and get them to see the broader picture. He is very good at that, and I obviously was going in and talking to him about the particulars of the situation in Sudbury and he basically went through what his view of this was.

Maybe we should discuss some of that in camera, but basically the conclusion that he pushed me towards was to understand that if in fact we wanted to really resolve the specifics of this problem, we were going to have to ask the doctors, and in this case Dr Donahue, to open his books and let us look at his billing practice with his consent so that we could come to some kind of—we could explore further what the problems were and whether they could be resolved. So I came back and dashed off a quick memo to Larry, thinking that we would talk again later in the morning before he prepared a final response to Mr Laughren's office. I just hit highlights very, very quickly, suggesting that he begin to work on a response.



**Ms Jackson:** All right. Now the information in paragraph 1, including the dollar figure that has been blanked out, is that information that you obtained from Mr Decter?

**Ms Colley:** Yes. This is not a very well structured memo. It was really literally what is on the top of my head. These are sort of the highlights here, and that figure that came out of the meeting with Mr Decter. Mr Decter had sort of explored with me a scenario, maybe a hypothetical scenario, and he had used this figure. Whether it was an accurate figure or whether it was one that was of a certain figure or not, I actually do not know.

**Ms Jackson:** But you had no reason to think he was speculating when he used that number, I take it?

**Ms Colley:** Only to the extent, as I say—what he was doing, and I find this a little difficult to talk about because I am not sure—

**Ms Jackson:** All right, if you cannot answer—it is clear to everyone that there is information in paragraphs 1, 2 and 3 that is not before the public record? If you cannot answer these questions without referring to that, you tell me and we will do this in camera.

**Ms Colley:** Okay.

**Ms Jackson:** Would you prefer that we did?

**Ms Colley:** I think I will try to generally just sort of hit the essence here.

**Ms Jackson:** All right.

**Ms Colley:** Let me just think a bit carefully about it. As I say, Mr Decter did sort of try to pull me down into thinking about what the bigger picture would be here, and the bigger picture really related to the fact that there could be—I had said there are two problems here. One is the issue of the cessation of dermatological services in Sudbury and that concern, and the second is the criticism that the doctor is making of the government's policy on thresholds. That was the general discussion we had.

He explained—I think it was somewhat hypothetical—what the character of Dr Donahue's practice was and why therefore we did not need to be worried. We had a discussion about epilation as well and the fact that it was no longer a service that we were insuring under OHIP and therefore not a service that would not be provided any longer; it would just be a service that would not be insured any longer. That was the real thrust of what was happening.

**Ms Jackson:** You say in the first paragraph, in respect of epilation, "this is no longer an issue as we have delisted epilation." Do you mean it is no longer an issue in the sense that we now consider that it is not a medically important service? Is that what you mean by that, or is it something else?

**Ms Colley:** Yes. I have already said I do not think this is a well-structured memo.

**Ms Jackson:** I understand. That is why I want to give you an opportunity to explain where it is a little unclear. I think it is important for the committee to understand what you meant.

**Ms Colley:** Yes.

1110

**Ms Jackson:** All right. Now, you say in respect of the number, "I'm not sure figure can be transmitted to Floyd—check this." Did you understand the figure could be transmitted to his office, as opposed to him personally?

**Ms Colley:** I think what I am referring to here is that I am aware of the fact that there are figures being thrown around about Dr Donahue's practice and that he has been on the radio and what I want to make sure is that Larry is very clear that this is not a figure that can be transmitted.

**Ms Jackson:** Because it might be inaccurate?

**Ms Colley:** Well, both because it may be inaccurate and also not appropriate unless the doctor has himself given consent for those figures to be publicly used.

**Ms Jackson:** All right. So for that reason, it cannot go to Floyd and for that reason it can or cannot go to his office? Did you consider whether it could go to his office as opposed to the minister himself?

**Ms Colley:** In general, no personal information can go to anybody's office outside of the Ministry of Health. So the only reason why I have got this in is because I was aware of the fact that there was a discussion on the radio where figures had been used.

**Ms Jackson:** You refer to Mr Laughren here as Floyd. Do you know him?

**Ms Colley:** Yes, I have met him.

**Ms Jackson:** Do you know him reasonably well?

**Ms Colley:** Not particularly well, no.

**Ms Jackson:** If you were meeting him face to face, would you—are you on a first-name basis with him?

**Ms Colley:** I think we are all on first—it is a first-name milieu.

**Ms Jackson:** Okay.

**Mr Christopherson:** It's just the kind of folks we are.

**Mr Elston:** Plus you don't want identify yourselves by surnames.

Interjections.

**The Chair:** Order.

**Ms Jackson:** Let me just carry on, Ms Colley. You refer—and if you cannot answer this question without looking at the specific paragraph, you tell me, but I think you may have a recollection of the specific paragraph. Are you able to tell the committee if what was contained in paragraph 2 came from Mr Decter?

**Ms Colley:** As I explained, all of my thoughts in this memo came from the discussion that I had with Mr Decter.

**Ms Jackson:** All right. You say in the memorandum, "This is the suggested roll out to be developed for a briefing with Floyd." What do you mean by "suggested roll out"?

**Ms Colley:** God knows. I mean, I do not know. It is jargon. Really, I am talking about we have to do a response to Floyd, and I do not know why we used the words "roll out."

**Ms Jackson:** Am I right to understand you are saying, "This is the suggested information to be developed in a briefing for Floyd?"



**Ms Colley:** What I think I am saying is that, "Here are some thoughts coming out of my meeting and let's talk about it again later in the morning before we actually put together the response."

**Ms Jackson:** And you talk about talking later in the morning at the end of the memo, but looking at the beginning of the memo, I am understanding you to say, "Here's some information we can use in the briefing." Is that fair?

**Ms Colley:** No, I think the major issue I was trying to actually focus on, even though I do not think the memo is all that—it does not really clearly state that—is that what we really should be suggesting here is that Floyd should talk to Dr Donahue about the fact that if in fact we are going to be able to really resolve his problems and understand them and help him, then we have to actually have his permission to open his books and look at the billing practice, and that was the essence of paragraph 4, which I think is really—that is really the roll out part. Everything else is background.

**Ms Jackson:** What do you mean by saying that is really the roll out part?

**Ms Colley:** Well, that is sort of the action response, right? That is the action that we can suggest to Floyd that he take.

**Ms Jackson:** Okay. Now, you are giving this to Mr Corea because he is really carrying the ball on this. Is that right?

**Ms Colley:** Yes.

**Ms Jackson:** And you are giving it to Mr Corea because you expect that he will respond to this inquiry. Is that right?

**Ms Colley:** Yes.

**Ms Jackson:** And you did talk to him later in the day, as I understand it?

**Ms Colley:** Yes.

**Ms Jackson:** And when you talked to him later in the day, you learned that he had spoken to Ms Doherty?

**Ms Colley:** No, I spoke to him in the day I think before he had spoken to anyone else. I mean, I remember coming right out of that meeting and going and talking to him again about preparing the response to Mr Laughren's office.

**Ms Jackson:** When I spoke to you a couple of nights ago, we talked about this memorandum and I asked you if when you next spoke to Mr Corea he had spoken to Ms Doherty. You did indicate then that he had. Have you now had a further recollection? Do you remember saying that to me?

**Ms Colley:** No. I was very tired. I definitely do remember him—I do remember coming out of a meeting—

**Ms Jackson:** In the morning?

**Ms Colley:** —and going and connecting again with Larry in the morning about the response to Mr Laughren's office, and then I know he prepared a memo, which I saw subsequently saw before it went out.

**Ms Jackson:** And when you spoke to him after you came out of your meeting, what is your best recollection of that conversation?

**Ms Colley:** It was a review of the discussion about dealing with the two issues, epilation and the threshold problem, and how to communicate those problems and the way we were looking at it to Mr Laughren's office and to identify the fact that if we were going to be able to specifically deal with the situation of Dr Donahue, Mr Laughren would have to ask Dr Donahue for his consent to open his books and office and do what was called a practice billing review with ministry officials.

**Ms Jackson:** And when you had that conversation with him, did you ask him if he had already spoken to Ms Doherty that day?

**Ms Colley:** I do not remember.

**Ms Jackson:** Do you recall asking him if he had spoken to Mr Sword?

**Ms Colley:** I do not think he could have done, because it was still reasonably early and I know he was still anxious to develop some information. I mean, we had basically decided that we would have to talk before he did that. He may have had a call from them where he would have said, "I'll get back to you," but I would be surprised if he had actually talked to them before we had this discussion and developed the final form of the response.

**Ms Jackson:** And what happened after that conversation in terms of getting back to Mr Laughren's office?

**Ms Colley:** Larry prepared a memo that went out to his office, to the various offices actually.

**Ms Jackson:** Did Mr Corea not also tell you that he had spoken to Ms Doherty about these issues, in addition to sending a memorandum?

**Ms Colley:** I do not remember. I would think he would have done, though.

**Ms Jackson:** Did Mr Corea indicate to you that he passed on the information in exhibit 50?

**Ms Colley:** The information in exhibit 50. No, he did not.

**Ms Jackson:** Did he tell you that he had not?

**Ms Colley:** Well, he told—I mean, it was not kind of like that. I had had this meeting. He was actually off at a staff meeting himself at this point in time, and meeting with and presumably beginning to think about how to do this memo, and then I talked to him again and then he prepared his memo. I do not think the issue of whether or not he had spoken to any of those offices—

**Ms Jackson:** Came up?

**Ms Colley:** Arose. Yeah.

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**Ms Jackson:** So you do not know whether he did or he did not speak to them?

**Ms Colley:** I do not know whether he did or did not speak to them, but he did not mention that he had spoken to them.

**Ms Jackson:** I am sorry to be—I just want to be clear on your evidence on this. You have no recollection, then, of being told by Mr Corea that he spoke to Ms Doherty on this day?



**Ms Colley:** Not really. I assumed he would do, because given the level of pressure around this issue and the fact that everybody was waiting for this information, it would have been very likely that he would have sent the fax and discussed the fax with them.

**Ms Jackson:** Is it also very likely that given the urgency of this matter, when he received exhibit 50 from you, he would have passed on the information in it in that conversation?

**Ms Colley:** Well, I do not think he would have passed on all of this information, because a lot of it was personal information, and I do not think he would have done that. I am not sure he would have been certain enough of what I was trying to actually get at to be able to do that in a very clear way.

**Ms Jackson:** In any event, you do not know?

**Ms Colley:** That is right.

**Ms Jackson:** Since Mr Sword was now, as you knew, requesting information as well, would you make the same assumption that he had spoken to Mr Sword?

**Ms Colley:** I knew that he was mainly communicating with Mr Laughren's office as a time saver.

**Ms Jackson:** I am sorry? I did not hear what you said.

**Ms Colley:** I knew that he was mainly communicating with Mr Laughren's office as a time saver.

**Ms Jackson:** All right. First of all, let me ask you specifically, do you recall whether he told you if he had or had not spoken to David Sword this day about this Dr Donahue issue?

**Ms Colley:** I do not recall, no.

**Ms Jackson:** You had earlier said that it would make sense that the information, or you would expect that the information prepared for Mr Laughren would be sent on to Ms Martel and Ms Murdock's office as well.

**Ms Colley:** Yes.

**Ms Jackson:** So whatever he passed on to Ms Doherty, would you have expected he would pass on to Mr Sword as well?

**Ms Colley:** Yes.

**Ms Jackson:** And to Ms Murdock's office?

**Ms Colley:** Probably.

**Ms Jackson:** Do you know if any of those people were sent a copy of your e-mail?

**Ms Colley:** Which e-mail?

**Ms Jackson:** Exhibit 50.

**Ms Colley:** I am sorry.

**Ms Jackson:** If any of this—

**Ms Colley:** Oh, no. I mean, that was just an e-mail between myself and Larry only.

**Ms Jackson:** Do you know if it was or was not?

**Ms Colley:** I am sure it was not.

**Ms Jackson:** Did you discuss the contents of this e-mail with Ms Notar, whose original request had prompted your action?

**Ms Colley:** The contents of what?

**Ms Jackson:** The contents of exhibit 50. Take a minute and look at it. I think you are—I am sorry. I do not want to confuse you.

**Ms Colley:** No, I just think this particular e-mail was not so prominent as you seem to be suggesting. It was a very fast memo from me to Larry only, early in the morning, just to really relieve his anxiety about the fact that this situation was not being addressed and that I had had a meeting with Michael, that clearly we had to work out later in the day what needed to be in any kind of communication with Mr Laughren's office and that I would get back to him three quarters of an hour later, at 9:45, to discuss it, which I did. In between time, I did not discuss it with Betty Notar, and had no reason to do so.

What we did develop was that memo that did go out to the various offices, and what follow-up was done with regard to—specifically on the phone. I am not sure of the specifics, but I would think that there would have been. Basically, that material that went out to the various offices is the material that got communicated, as far as I am aware, to the other offices.

**Ms Jackson:** Do you recall specifically whether you had a conversation or not with Ms Notar on this day?

**Ms Colley:** I think I talked to Ms Notar at what we call the EA meeting to the P and P ministers in the afternoon.

**Ms Jackson:** The EA meeting; I did not hear what you said.

**Ms Colley:** Yes, it is called the EA P and P meeting. The executive assistants to the ministers who are on the policy and priorities board of cabinet meet on Friday afternoons, and I may have seen her there and I may have mentioned this to her at this point, yes, but I do not really remember whether I did or not.

**Ms Jackson:** So the EA P and P meeting would be on the afternoon of the 15th.

**Ms Colley:** Yes.

**Ms Jackson:** And ordinarily you would expect that you would both be at it.

**Ms Colley:** Yes.

**Ms Jackson:** But you do not know if you were or you were not?

**Ms Colley:** I do not remember. I was there. I do not remember whether she was there.

**Ms Jackson:** If she was there, is it possible that you discussed with her some of the thoughts you had as a result of the information you record in exhibit 50?

**Ms Colley:** Yes. I mean, what I recollect is that at some point I did touch base with Betty Notar because she had sent me this e-mail, or this memo. I did sort of affirm to her that our office was dealing with it and I hoped that now she had got all the information she needed. It was that level of connection, not a big discussion about the issue per se. Probably like me, she herself was not up to speed on that issue.

**Ms Jackson:** Did you have any conversation, do you know, that day with anyone from Mr Laughren's office?

**Ms Colley:** Did I?



**Ms Jackson:** Yes.

**Ms Colley:** I do not remember having any discussion with anyone from Mr Laughren's office other than—

**Ms Jackson:** I am sorry, other than Betty Notar.

**Ms Colley:** Yes.

**Ms Jackson:** Did you have any conversation with anyone else, with anyone from Ms Martel's office that you can recall?

**Ms Colley:** No.

**Ms Jackson:** Did you have any conversation you can recall with anyone from Ms Murdock's office?

**Ms Colley:** No.

**Ms Jackson:** You were aware, I think, that on the previous day there had been a letter come in—a telephone call come in from the regional chairman of Sudbury in respect to the growing concern about the medical situation in Sudbury.

**Ms Colley:** Sorry?

**Ms Jackson:** I am sorry. The day before, on the 14th.

**Ms Colley:** Yes.

**Ms Jackson:** Mr Corea has told us that there was a call that came in from Tom Davies, the regional chairman of Sudbury, and that that call was one that came in to Dr LeBlanc and that he was asked to join in that call I think by you. Do you recollect that?

**Ms Colley:** Vaguely, yes, but very—I have a small memory of somebody telling me that this call was going on and "Would somebody like to go down and be part of that?" I do not remember whether I got the call directly or whether my assistant, Wendy Waterhouse, told me.

**Ms Jackson:** But is it fair that by the 14th and 15th of November you knew that not only did you have local ministers, Mr Laughren and Ms Martel, a local member, Ms Murdock, and the regional chairman of Sudbury all concerned about doctors in Sudbury and in particular about Dr Donahue's situation? Is that fair?

**Ms Colley:** Yes.

**Ms Jackson:** Is it fair to say the political heat was being turned up on this issue?

**Ms Colley:** I think so, but the political heat is being turned up all the time in the ministry world. I would not have ranked it particularly higher than the Toronto hospital workers that were demonstrating outside the nursing home owners about not having enough money, the audiologists in Sudbury also being upset and so on. I mean, there are always a lot of concerns about service delivery in the province.

**Ms Jackson:** Did you talk to your minister, Ms Lankin, about the issue and what you were learning about it on the 14th and 15th and in that period?

**Ms Colley:** I have a memory that in this period, and I am not sure when, some time between November 4 when the decision about exemptions to the threshold or no exemptions to the threshold was made, between then and the Sudbury meeting, that I had a—

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**Ms Jackson:** Just a second. When you say "the Sudbury meeting," what meeting are you referring to?

**Ms Colley:** Oh, sorry. I am talking about the large meeting in Sudbury on the 5th of December.

**Ms Jackson:** Yes. So some time between the 4th of November and the 5th of December?

**Ms Colley:** Yes.

**Ms Jackson:** What do you recall?

**Ms Colley:** I recall raising with her that we really did need to review the impact of the no-exemption policy to thresholds on northern health services because of the fact that we were faced with a problem of particularly cardiologists, actually, in Sudbury. But it was a policy issue that I raised, not the specifics of Dr Donahue.

**Ms Jackson:** Do you recall whether you indicated to her that there were other specialists beyond cardiologists affected by the policy issue?

**Ms Colley:** I might have said dermatologists, yes. I might even have said Dr Donahue, but I do not remember it being—I mean, definitely we were not focusing on the specifics of this. I was not focusing on the specifics of this situation.

I probably should add here that one of the onerous tasks of the executive assistant is as much as possible to keep all the burning issues that are constantly on the go away from the minister to the extent possible, which does not mean not to let her know about them; but it means that what we try to do in our office is to understand the issues, to find out whether there is a resolution to the problems so that we can actually go to Ms Lankin and the minister with some solutions to the problems. That is the stage it was at, at that particular time.

**Ms Jackson:** So I understand you are not talking to her about this issue in Sudbury all the time. But at some point you believe you did raise the question of the impact of the exemption policy on doctors in the north?

**Ms Colley:** Yes.

**Ms Jackson:** And particularly as it related to doctors in Sudbury?

**Ms Colley:** I do not remember particularly relating it to Sudbury. There were other concerns coming in from other places. There was a general problem of attraction and retention of specialists in the north and there was a general identification of the fact that the threshold would aggravate that situation. That had begun to come to our attention more prominently and I was more concerned about addressing that issue.

**Ms Jackson:** The policy issue as it affected dermatology had only at this point been raised for you in the context of Dr Donahue, the dermatologist in Sudbury?

**Ms Colley:** Yes.

**Ms Jackson:** And the proper policy response to that, as you have said, would depend on his specific situation?

**Ms Colley:** Well, I think the proper policy response was actually no exemptions, right? But because of the fact that this would mean closing down the only dermatologist



in Sudbury and may mean that people would have to access the northern health travel grants to come to Toronto to get services, it was therefore raised as a specific problem that maybe needed closer investigation.

**Ms Jackson:** Whether closing down the one dermatologist you knew about was a problem or not in policy terms, though, I think you have said it depends on what it is he is doing. Is that right?

**Ms Colley:** Yes.

**Ms Jackson:** So is it possible that when you discussed this policy problem with the minister, you talked to her about what it was he was doing?

**Ms Colley:** No. I do not recall talking to the minister about the specifics of Dr Donahue at all.

**Ms Jackson:** You do not recall it, but is it possible that you did?

**Ms Colley:** No. I did not.

**Ms Jackson:** Could you turn then to exhibit 52? It will be in the second book. I take it from what you have said earlier that you received a copy of this. Did you?

**Ms Colley:** Yes.

**Ms Jackson:** And similarly exhibit 53?

**Ms Colley:** Right.

**Ms Jackson:** Did you?

**Ms Colley:** Yes.

**Ms Jackson:** And similarly 54?

**Ms Colley:** Right.

**Ms Jackson:** Yes?

**Ms Colley:** Yes.

**Ms Jackson:** Do you recall having any further contact with anyone in relation to Dr Donahue during the week that ended on November 15?

**Ms Colley:** The week that ended November 15?

**Ms Jackson:** Yes.

**Ms Colley:** I do not recall it, but it is possible.

**Ms Jackson:** All right. Do you recall hearing anything more with respect to Dr Donahue during the following week, the week of November 18? I guess I had better not lose the weekend. Do you recall speaking to anyone with respect to Dr Donahue from the 16th on during the next week?

**Ms Colley:** I am just trying to remember now. I do not think so. I do remember following up with Larry about what was happening from time to time, but I cannot remember when it was or what week it was in. I remember that the issue did seem to be shifting towards the concern about cardiologists in Sudbury, because as you probably know in Sudbury they have a cardiology unit at the hospital there. It is not a teaching hospital, and they are very proud of it. They were becoming very concerned about the impact of the threshold on cardiologists in Sudbury. I have a memory of that becoming an issue.

**Ms Jackson:** But you do not have any specific recollection of a conversation concerning Dr Donahue?

**Ms Colley:** In that whole week?

**Ms Jackson:** Yes. Possibly you did but you have no recollection. Is that it?

**Ms Colley:** I would think I probably did, but yes.

**Ms Jackson:** Is it likely that you would continue to deal with people in your office on the issue and from time to time perhaps with Ms Notar?

**Ms Colley:** No, I do not remember talking to Ms Notar about it again.

**Ms Jackson:** Do you remember talking to anybody outside the minister's office about it again during that week?

**Ms Colley:** No.

**Ms Jackson:** Could you turn to exhibits 30, 31 and 32? I am just going to ask you to confirm that you got copies of those exhibits.

**Mr Cavalluzzo:** I am sorry, what were they again, Ms Jackson?

**Ms Jackson:** Exhibits 30, 31 and 32.

**Mr Cavalluzzo:** Excuse me, could I get up and get a coffee for a half a minute?

**Ms Jackson:** Sure.

**The Chair:** Certainly you can.

**Ms Jackson:** Did you get those, Ms Colley, 30, 31 and 32?

**Ms Colley:** Right, yes.

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**Ms Jackson:** Yes, you did? Then could you turn to exhibit 59, which I think will be in the next volume.

**Mr Christopherson:** Patricia, what number, please?

**Ms Jackson:** Fifty-nine.

**The Chair:** Mr Christopherson.

**Mr Christopherson:** I did not hear the number.

**The Chair:** Fifty-nine.

**Ms Jackson:** That is an e-mail from you, Ms Colley?

**Ms Colley:** Yes.

**Ms Jackson:** You say, in the first sentence, "Could I please get a debriefing on the meeting between Michael"—that would be Michael Decter—

**Ms Colley:** Yes.

**Ms Jackson:** —"and Shelley Martel."

**Ms Colley:** Right.

**Ms Jackson:** When did that meeting take place?

**Ms Colley:** Actually, I do not know.

**Ms Jackson:** When did you hear about it?

**Ms Colley:** It happened some time—I know that after the weekend of the 15th, when there had been a meeting with doctors in the north and various politicians, I think what happened was that Shelley Martel had to talk to Frances about her concerns, particularly with regard to cardiologists. I do remember being in a meeting with—we have fairly regular meetings between the minister, the deputy minister and myself, and I do remember that the minister asked Michael Decter, the deputy minister, to meet with Shelley Martel because she had some very specific issues



to raise about the underserved area program and how it related to cardiologists in the north. So I remember that occurring, that a meeting was—I think I knew that there was a meeting being set up between Mr Decter and Shelley Martel. I do not remember when that was, but I did sort of—I was interested in knowing what happened as a result of it.

**Ms Jackson:** All right. Did you get a debriefing on that meeting?

**Ms Colley:** Yes. Again, it was one of those items that came up briefly in a regular meeting with Mr Decter. He basically told me that he had had a meeting with Ms Martel at which Ms Martel had raised a lot of questions about the underserved area program and the application of thresholds and her concerns about losing cardiologists in Sudbury.

That was interesting to me because what Mr Decter had indicated—and I assumed it was as a result of this meeting—was that maybe it was time to begin to think about looking at special initiatives that we might need to put in place for specialists in underserved areas with regard to the threshold exemption. That is the first time we had begun to sort of have a look at what policy shifts might be necessary in terms of meeting those service needs.

**Ms Jackson:** Do you know if Ms Martel was wanting to find out which cardiologists were on the underserved area program in that meeting?

**Ms Colley:** I do not know. I do not know, no.

**Ms Jackson:** We know that a list of those people who are on the underserved area program was made available publicly on December 5. It has been marked as exhibit 8.

**Ms Colley:** Yes.

**Ms Jackson:** It was part of a media package put together for the meeting on December 5. Are you aware of that package?

**Ms Colley:** Yes.

**Ms Jackson:** And are you aware that the list was prepared for that meeting?

**Ms Colley:** Yes.

**Ms Jackson:** And that it was not publicly available before then—do you know?

**Ms Colley:** Before the 5th of December?

**Ms Jackson:** Yes.

**Ms Colley:** I do not think it was, no.

**Ms Jackson:** Do you know if there was such a list available within the ministry before December 5?

**Ms Colley:** No, I was not aware of—I was aware that people were preparing this kit of information. I had actually assumed that it was going to be ready by—I knew also that there was a meeting scheduled on the 30th of November for the politicians to meet with ministry staff, because I had been asked to help. I had not been asked, but our office had been asked to help coordinate that. My memory is that actually ministry staff and our office were trying to get the information, the kit, ready for that meeting.

**Ms Jackson:** Do you know if they did?

**Ms Colley:** No, I cannot remember. I really cannot.

**Ms Jackson:** Do you know, in the meeting between Mr Decter and Ms Martel—do you recall learning if there was any discussion of Dr Donahue's situation?

**Ms Colley:** In the meeting between—

**Ms Jackson:** Ms Martel and Mr Decter.

**Ms Colley:** No, I do not. He did not mention Dr Donahue.

**Ms Jackson:** Could you look at exhibit 61? That is an edited copy of an e-mail of that date, Ms Colley. The deletion occurs in the last part of the second paragraph. Do you recall receiving a copy of that e-mail in its unedited form on the 29th of November?

**Ms Colley:** Yes.

**Ms Jackson:** Moving ahead, then, on the 30th of November we know that there was this meeting in Sudbury that you have alluded to. Did you receive any detailed report of that?

**Ms Colley:** The meeting on the 30th—

**Ms Jackson:** —of November between Ms Martel, Mr Laughren, Ms Murdock, some ministry officials and some doctors in Sudbury.

**Ms Colley:** I do not remember hearing a very detailed report of it. What I remember hearing was that the doctors—in the sense that I say I do not remember hearing a detailed report on it because “detailed report” sort of implies we have a serious briefing where everybody sits around and actually gives a lot of information. I do remember hearing—and this was probably at a meeting between myself and Mr Decter—that ministry staff had met with cardiologists in Sudbury and some of the politicians, I believe, on the weekend to discuss cardiology services in Sudbury. I did not pick up much more detail other than that from it.

**Ms Jackson:** Okay. Then we know there was a meeting in Sudbury on December 5 as well.

**Ms Colley:** Yes.

**Ms Jackson:** Were you briefed on that?

**Ms Colley:** Yes. That meeting—

**Ms Jackson:** I just asked you if you were briefed on it. I am not going to ask you to describe the whole meeting.

**Ms Colley:** Yes. We have not got time.

**Ms Jackson:** If you think that you need to, you maybe should, but I do not think you will need to in terms of the question I want to ask you.

**Ms Colley:** Okay.

**Ms Jackson:** Do you recall any mention—in what you learned of that meeting, was there any mention at all of Dr Donahue?

**Ms Colley:** Okay, the Sudbury meeting. I do not recall any discussion about Dr Donahue, no.

**Ms Jackson:** All right. And I guess I have asked you—can you recall any other specific discussion up to the date of December 9 concerning Dr Donahue with Ms Notar?

**Ms Colley:** No.

**Ms Jackson:** Ms Doherty?

**Ms Colley:** No.

**Ms Jackson:** Anyone in Mr Laughren's office?

**Ms Colley:** No.

**Ms Jackson:** Ms Martel?

**Ms Colley:** No.

**Ms Jackson:** Mr Sword?

**Ms Colley:** No.

**Ms Jackson:** Anyone in Ms Martel's office?

**Ms Colley:** No.

**Ms Jackson:** Ms Murdock?

**Ms Colley:** No.

**Ms Jackson:** Anyone in her office?

**Ms Colley:** No.

**Ms Jackson:** All right. When did you first learn of the incident involving Ms Martel in Thunder Bay—that is one of the reasons this committee now exists—on December 5? When did you first learn of that incident?

**Ms Colley:** On the morning of the 9th of December.

**Ms Jackson:** How did you learn of it?

**Ms Colley:** I received a call from the Premier's office advising me that Ms Martel had been at a reception on the previous Thursday evening and had made statements in public concerning having seen a doctor's file.

**Ms Jackson:** Concerning—I am sorry?

**Ms Colley:** Having seen a doctor's file—Dr Donahue and having seen his file; claiming she had seen his file.

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**Ms Jackson:** Sorry, you are going to have to speak a little bit more loudly. I at least am having trouble hearing you.

You heard that she had been at a reception on December 5 and had made statements in public concerning what?

**Ms Colley:** I do not remember the precise words; that is why I am hesitating here. But I was informed that Ms Martel had been at a reception and had claimed to have seen a doctor's file.

**Ms Jackson:** Did you hear what doctor's file she claimed to have seen?

**Ms Colley:** I think I heard it was Dr Donahue, yes.

**Ms Jackson:** You recall receiving this call December 9 in the morning, at approximately what time?

**Ms Colley:** I think it was about 11:30; between 11:30 and 12.

**Ms Jackson:** From whom?

**Ms Colley:** Melody Morrison.

**Ms Jackson:** What is her position?

**Ms Colley:** She is the assistant to the principal secretary.

**Ms Jackson:** What else did she tell you?

**Ms Colley:** She told me that Ms Martel had apologized to the people who were engaged in that discussion.

**Ms Jackson:** Did she tell you anything else?

**Ms Colley:** I cannot remember. I am sure she did say more than just that, but nothing rings a bell.

**Ms Jackson:** Was there any statement by her or discussion between you as to what would be done in the House that day about that incident?

**Ms Colley:** Well, it was not clear that it would be raised in the House that day. I think the Premier's office was just advising me to let Frances know that there was a possibility it would be raised, and that therefore it did have implications about, you know, doctors' files.

**Ms Jackson:** Was there any discussion about what Ms Martel would say if the issue was raised in the House?

**Ms Colley:** Not that I remember, no.

**Ms Jackson:** Was there any discussion about what Ms Lankin should say if the issue was raised in the House?

**Ms Colley:** No.

**Ms Jackson:** Was there any discussion about whether Ms Martel's remarks were in fact based on having seen any confidential information?

**Ms Colley:** Sorry, can you say that again?

**Ms Jackson:** Was there any discussion about whether in fact Ms Martel's remarks at the party had in fact been based on her seeing any confidential information?

**Ms Colley:** No. Well, I mean, I was told that Ms Martel had lied and had made it up so that—really, the issue of confidential information was not there, even though we would have to ensure that it had not happened. Certainly what I was being told was that this was an invention of Shelley Martel's.

**Ms Jackson:** Now, you have said it was an invention; she had lied; she had made it up. Is that your best recollection of the language that was actually used?

**Ms Colley:** I do not remember the actual language.

**Ms Jackson:** It is certainly what you took away.

**Ms Colley:** "Invention" was definitely my word.

**Ms Jackson:** I am sorry?

**Ms Colley:** "Invention" was definitely my word.

**Ms Jackson:** The other words might have been used or not.

**Ms Colley:** Possibly.

**Ms Jackson:** In any event, that is what you took from the conversation?

**Ms Colley:** Yes.

**Ms Jackson:** And you had been called. What did you understand was the reason the call came to you? Sorry, bad question; another bad question. Did you understand why you were being called on this issue?

**Ms Colley:** Because, um—yes.

**Ms Jackson:** Why?

**Ms Colley:** Because I am in regular touch with the minister and I was being asked to communicate this information to the minister.

**Ms Jackson:** Now, on the 9th of December in the House, Ms Lankin was in fact asked about this incident; you recall that. She in fact was asked specifically about whether there had been any leaks of confidential information within the ministry; you recall that.

**Ms Colley:** Right.

**Ms Jackson:** She said "I certainly have not," in answer to whether there was any leak, "and after questioning officials



in my ministry, there has been no revealing of any confidential files. The materials that have been made available are some general materials about thresholds and the effect of thresholds in the underserviced area."

She goes on to say: "I have very specifically asked and received assurances from my deputy minister, who has heard directly from the director of OHIP, that no confidential information with respect to doctors' files and their billings and their incomes has been shared with anyone outside the OHIP department which has proper access to that information. I have not seen it, the Minister of Northern Development has not seen it and no other MPP has seen it."

Ms Colley, were you a party to whatever inquiries led up to the making of that statement?

**Ms Colley:** In fact, when the call came in from the Premier's office, Ms Lankin and I were in a meeting with Mr Michael Decter, and so I came back and explained to them what had happened. It was at that point that the minister asked the deputy minister to ensure that—to provide her with guarantees that no confidential information had left the ministry.

**Ms Jackson:** And what did he do or say?

**Ms Colley:** He said he would. I assume that he telephoned Dr MacMillan, the head of OHIP, and followed up that way.

**Ms Jackson:** Do you know if he did?

**Ms Colley:** No.

**Ms Jackson:** Were you part of any other process of inquiry that led to the making of this statement in the House?

**Ms Colley:** No.

**Ms Jackson:** I am advised that it is perhaps time to break for lunch. That is certainly fine with me.

**The Chair:** Thank you very much, Ms Jackson. Thank you very much, Ms Colley. I would remind members that we will resume at 2 pm, at which time Dr Kosar will be before the committee. We expect that Dr Kosar will take approximately an hour to two hours, and then we will be resuming the questioning with Ms Colley. We stand adjourned until 2 pm.

The committee recessed at 1158.

## AFTERNOON SITTING

The committee resumed at 1409.

STEPHEN KOSAR

**The Chair:** We will call the afternoon session of the standing committee of the Legislative Assembly to order. We have Dr Stephen Kosar before the committee. Good afternoon, Dr Kosar.

I would like to acknowledge the information that I have received that it would be permissible to convene this committee hearing without any Conservative members at this point in time, just so that the committee could commence. I just put that for the benefit of the members of the committee, for their knowledge.

Dr Kosar, it has been the practice of this committee that before anyone is asked any questions an oath be administered. At that point in time, I would invite the clerk to administer the oath.

Stephen Kosar, sworn.

**The Chair:** Mr Kosar, in the event—this is a warning which has been given to all witnesses who have appeared before the committee—you are asked a question which you cannot properly answer without divulging confidential information, could you please advise the committee of this? If there is not a way to disclose that information without divulging the confidential information, then that matter may be addressed by this committee in an in camera proceeding. I give this warning to you as I now invite counsel Jackson to commence with questioning.

**Ms Jackson:** Good afternoon, Dr Kosar.

**Dr Kosar:** Good afternoon.

**Ms Jackson:** You, sir, I understand are currently an ophthalmologist practising in Sudbury, Ontario.

**Dr Kosar:** Yes.

**Ms Jackson:** Dr Kosar, you have indicated to me that you obtained your medical degree from the University of Toronto in 1981.

**Dr Kosar:** Yes.

**Ms Jackson:** That you interned at the Toronto East General Hospital.

**Dr Kosar:** Yes.

**Ms Jackson:** That you practised as a general practitioner in Bonfield and North Bay, Ontario, from 1982 to 1986.

**Dr Kosar:** Yes.

**Ms Jackson:** That you did a residency in ophthalmology at the University of Western Ontario from 1986 to 1989.

**Dr Kosar:** Yes.

**Ms Jackson:** And that from 1989 to 1990 you worked on a fellowship in a subspecialty in medical retina at the University Hospital in London, Ontario.

**Dr Kosar:** That is correct.

**Ms Jackson:** I understand that in 1990 you received your certification in ophthalmology from the Royal College of Physicians and Surgeons of Canada.

**Dr Kosar:** That is correct.

**Ms Jackson:** In 1990, Dr Kosar, I understand that you moved to Sudbury and that you did so under the auspices of the—not that you moved under the auspices, but that you went to Sudbury, in part, on the basis that you had been accepted into the underserviced area program for practice in that area.

**Dr Kosar:** Yes.

**Ms Jackson:** And you commenced on that program in 1990, did you, sir?

**Dr Kosar:** In the summer of 1990, yes.

**Ms Jackson:** As we said at the outset, you continue to live in Sudbury today.

**Dr Kosar:** To this date, yes.

**Ms Jackson:** Dr Kosar, I understand that you are a member of the Sudbury and District Medical Society.

**Dr Kosar:** Yes.

**Ms Jackson:** And that on December 2, 1991, as a member of that society, in conjunction with another member, you were here at Queen's Park to make a presentation to the committee on social development.

**Dr Kosar:** That is correct.

**Ms Jackson:** With whom were you appearing before the committee on that day?

**Dr Kosar:** With Dr Jack Hollingsworth from Sudbury.

**Ms Jackson:** Prior to appearing before the committee, I understand, Dr Kosar, that you met with Shelley Martel.

**Dr Kosar:** Yes, we did.

**Ms Jackson:** First of all, had you met Miss Martel before?

**Dr Kosar:** No, I had not.

**Ms Jackson:** How did your meeting on that day come about?

**Dr Kosar:** We had some time prior to our presentation before the standing committee on social development. We had attempted to meet with her earlier that day. Dr Hollingsworth called her office, but we were told that she was too busy to see us. At approximately 2 o'clock in the afternoon, once the House was in session, we went to the press gallery. I sent a message on one of my business cards via a page to Miss Martel to ask her if she could spare a few moments to come and discuss our issues with us. She kindly left the House to come and talk to us in the east lobby.

**Ms Jackson:** So you and Dr Hollingsworth joined her in the east lobby, did you?

**Dr Kosar:** Yes.

**Ms Jackson:** What happened there?

**Dr Kosar:** We sat down and we started to present our case to her, why we were down here and—

**Ms Jackson:** Okay, you say you sat down. Can you tell the committee the configuration of the sitting when you sat down?

**Dr Kosar:** There were two chairs at right angles to each other. Miss Martel was sitting on one of them, near



the left-hand end of that chair, and immediately to her left side was Dr Hollingsworth on the other chair, which was at right angle to her chair. I was sitting on Dr Hollingsworth's left-hand side, farther away from Miss Martel.

**Ms Jackson:** So we have you sitting to the left of Dr Hollingsworth and on Dr Hollingsworth's right, sitting at right angles, is Miss Martel?

**Dr Kosar:** Correct.

**Ms Jackson:** All right. You say you wanted to present your case to her. Why was it that you had sought to meet Miss Martel?

**Dr Kosar:** Well, she was one of our local MPPs from the Sudbury district and we felt that we should perhaps get her support in our cause.

**Ms Jackson:** What was your cause?

**Dr Kosar:** To try to get rid of the threshold limits for physicians in northern Ontario.

**Ms Jackson:** And was that what you talked about with her on that day?

**Dr Kosar:** Yes.

**Ms Jackson:** Can you tell the committee what you can recall of the conversation you had with Miss Martel?

**Dr Kosar:** Yes, most of it was in my notes.

**Ms Jackson:** You have said you made a note. Can you tell the committee when you made that note?

**Dr Kosar:** I do not remember the exact date I made these notes. It was some time in December, after the news of Miss Martel's meeting with Mrs Dodds broke in the media. Dr Hollingsworth actually suggested to me that I make some record of our meeting for possible future use.

**Ms Jackson:** All right. I think you are indicating you would like to refer to those notes as you describe your recollection.

**Dr Kosar:** Yes.

**Ms Jackson:** Mr Chairman, Dr Kosar has been good enough to provide me with a copy of those notes and I think it might be a good idea if members had those in front of them while Dr Kosar gives his evidence. Perhaps we could mark those as the next exhibit.

**The Chair:** Thank you. Copies of those notes are being distributed at this point and they are being marked as exhibit 65.

**Ms Jackson:** Referring to those notes to the extent that you need to, Dr Kosar, can you tell the committee your best recollection of what took place in your conversation with Miss Martel?

**Dr Kosar:** We presented our case with regard to our opposition to the Rand formula.

**Ms Jackson:** What is the Rand formula?

**Dr Kosar:** That is a law that makes it compulsory for all doctors in Ontario to pay so-called union dues to the Ontario Medical Association.

**Ms Jackson:** As we understand from Dr Hollingsworth's evidence, indeed that was the subject of the committee meeting that you were here to make a presentation to.

**Dr Kosar:** Yes. We also mentioned that we represented the Sudbury and District Medical Society, that we were not just here to present our own personal cases, and that we wanted to obtain underserved area exemptions for all doctors in northern Ontario. We mentioned to her that both of us—that is, Dr Hollingsworth and myself—were under the underserved area program at that time and her reply to us was that she said, "I know." Dr Hollingsworth mentioned that he thought his term under the program ended in December 1991 or January 1992, he was not sure, and she corrected him and said that it was in June or July of this year. I also mentioned that Dr Hollingsworth and myself were not high billers, that we were well below the threshold, and her reply to that was also that she said, "I know."

Another thing that came up in conversation with Miss Martel: She mentioned that there were four GPs in the Sudbury area over the threshold and she said that GPs being over the threshold was "unacceptable." Dr Hollingsworth, in reply, mentioned that these general practitioners were likely very busy and they probably had not only their practices to look after but probably nursing homes or walk-in clinics and the like. We also—

**Ms Jackson:** Did she say anything in response to that?

**Dr Kosar:** Not that I can remember. We talked about the fact that many of us in Sudbury and in northern Ontario were very busy because of the high patient-to-doctor ratios and not because of our encouraging frequent patient visits. I told her that I was proud of my work and that I feel I deserve what I earn. I even invited her to spend a day or two with me in my practice to see how hard I work. Dr Hollingsworth also echoed that sentiment.

We also reminded her that she was a representative of the electorate in the Sudbury area and we reminded her of her responsibility to represent her constituents and not just her own party line.

With regard to Dr Donahue's case, she mentioned that his billing practice was also "unacceptable." She also told Dr Hollingsworth that she saw his file, and this has been on the record in front of this committee, although I did not exactly hear that because of the location where I was sitting. I was between Dr Hollingsworth and the coffee machine, and it was quite noisy. It seemed to be a popular spot for people to come and visit.

**Ms Jackson:** All right. So you say she said that, but I take it you are also saying you did not hear it?

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**Dr Kosar:** No, but after the meeting on our way back home Dr Hollingsworth mentioned to me that she said that she saw his file.

**Ms Jackson:** But you did not hear it?

**Dr Kosar:** No.

**Ms Jackson:** Now everything else you have reported up till now of this conversation, is that something you heard or that Dr Hollingsworth told you?

**Dr Kosar:** No, no, this is stuff I heard.

**Ms Jackson:** So this is the first thing that is not something you have any personal knowledge of?



**Dr Kosar:** No, I cannot say I exactly heard it. It was a little muffled.

**Ms Jackson:** Okay. Well, as I understand it, you did not hear any reference to a file. Is that right? I understood you to say that Dr Hollingsworth told you on the plane—

**Dr Kosar:** Yes. No, I did not hear the reference to the file at that time.

**Ms Jackson:** All right. But everything else that you have told us, you yourself heard.

**Dr Kosar:** Absolutely, yes.

**Ms Jackson:** All right. What else do you recall hearing yourself?

**Dr Kosar:** Those were the major points that I recall from that discussion. The meeting with her was very non-confrontational. She was kind enough to come and talk to us. It was not an argumentative type of meeting. We presented our point and she gave us the time of day, at least, to listen to our concerns. We were kind of puzzled on the way back home, you know, how she would know some of this information on us; that is, our time frame of involvement with the underserviced area program and also the fact that she was aware that we were not over the income threshold. But the full significance of these facts really did not hit us till after we were made aware of her meeting with Mrs Dodds in Thunder Bay.

**Ms Jackson:** All right. Now with respect to her apparent knowledge of some of your own circumstances, did you know at the time whether or not information as to when you went on and off the underserviced area program was public information or private information?

**Dr Kosar:** I was aware that it was information within the underserviced area program. I was not aware that it was information that was readily available to the public.

**Ms Jackson:** All right. Did she indicate to you how she came to know when you went on and would have gone off the underserviced area program?

**Dr Kosar:** No, she did not indicate that to us and also we did not ask her because, like I say, we did not know the significance of this until afterwards.

**Ms Jackson:** And you said she indicated she knew you were well below the threshold. Did she indicate how she knew?

**Dr Kosar:** This is where she, from what Dr Hollingsworth told me, indicated she saw his file, although I did not hear her tell me—

**Ms Jackson:** You did not hear that. And the committee has heard from Dr Hollingsworth, so it would probably be best to just stick to what you can specifically recall that you heard. And in that vein, did she say anything that indicated to you how she knew that you were well below the threshold?

**Dr Kosar:** No. The only thing she said was, "I know," in response.

**Ms Jackson:** And did she say anything else that indicated a knowledge of your particular circumstances or that of Dr Hollingsworth?

**Dr Kosar:** Well, not really. She seemed to be aware that we were—Dr Hollingsworth mentioned, "good guys." I do not remember those exact words, but she seemed to be satisfied that there was no question about our practices, whereas she had some concerns about these GPs and Dr Donahue.

**Ms Jackson:** And can you recall what it was that she said or did that indicated she had no concern about your practices?

**Dr Kosar:** It was just the general flow of the conversation, the general feeling I got from her. I do not remember her exact words stating that she was not concerned about our practices.

**Ms Jackson:** All right. Now, concerning the four general practitioners who were over the threshold, did she indicate how she knew that?

**Dr Kosar:** No, she did not.

**Ms Jackson:** And you said, I think, that she said that that was in some way unacceptable?

**Dr Kosar:** Yes.

**Ms Jackson:** Is that the word she used?

**Dr Kosar:** Yes.

**Ms Jackson:** Did she say why it was unacceptable?

**Dr Kosar:** I do not recall, no.

**Ms Jackson:** Was there any indication of who the four general practitioners were?

**Dr Kosar:** No. She did not mention any names.

**Ms Jackson:** When she mentioned four general practitioners, were you yourself able to identify whom she was speaking of?

**Dr Kosar:** Not from what she said, no.

**Ms Jackson:** All right. You have indicated that she also referred to Dr Donahue's practices?

**Dr Kosar:** Yes.

**Ms Jackson:** What is your best recollection of the exact words she used in respect of Dr Donahue?

**Dr Kosar:** I just remember her stating that it was unacceptable. We were talking in the context of his billing practices, not his quality of medical care; it was in the context of his billing practices. I do not remember her exact words except for the fact that she said it was unacceptable.

**Ms Jackson:** Now you say it was in the context of his billing practices. Do you recall what it was that made you conclude that it was in the context of his billing practices?

**Dr Kosar:** Oh, the fact that he was over his \$400,000 threshold.

**Ms Jackson:** Was that said?

**Dr Kosar:** I cannot remember the exact words of that, but it was the fact that he was over his threshold. That was apparently already in the media, that he was close to his threshold, so we were aware of that ourselves.

**Ms Jackson:** Do you recall whether or not she specifically used the words "billing practices?"

**Dr Kosar:** I cannot remember, no.



**Ms Jackson:** Is it possible that in the context in which she made those remarks she might have been talking about his practices in terms of what he had been doing of late with the media in publicizing his situation?

**Dr Kosar:** I suppose it is possible, but I did not gather that from the context of our discussion.

**Ms Jackson:** Can we look at your note for just a minute, exhibit 65? On the second page of your note you say, "Dr H."—that would be Dr Hollingsworth—

**Dr Kosar:** That is correct.

**Ms Jackson:** "and I discussed our surprise and concern that Ms Martel saw his 'file,'"—and you have clarified that you did not hear that, that was Dr Hollingsworth—

**Dr Kosar:** That is correct.

**Ms Jackson:** —"and Dr Donahue's 'file.'" Now, you have not said in your evidence that she indicated she had seen Dr Donahue's file. Is that what we are to take from your note?

**Dr Kosar:** I do not recall her saying she saw his file, although there were a few things that she did mention to Dr Hollingsworth and this was a result of Dr Hollingsworth's discussion with me on our way back home to Sudbury.

**Ms Jackson:** All right, but you did not hear her refer to having seen Dr Donahue's file?

**Dr Kosar:** No, I do not remember that.

**Ms Jackson:** All you can recall of what she said of Dr Donahue is what you have already told the committee?

**Dr Kosar:** Yes.

**Ms Jackson:** You and Dr Hollingsworth, as you say, discussed this on the plane coming back?

**Dr Kosar:** Yes.

**Ms Jackson:** And I take it discussed it subsequently when he suggested you make notes?

**Dr Kosar:** Yes.

**Ms Jackson:** And I understand that he has in fact provided you with a copy of the notes that he made, which we have marked as exhibit 37, which you will be able to see in one of those black binders there. You have seen those before?

**Dr Kosar:** Yes, I have.

**Ms Jackson:** You have mentioned already one instance in which his recollection has elements of it that you do not recall. Do you have any explanation for the fact that in some areas your recollection does not include some things that Dr Hollingsworth does include?

**Dr Kosar:** This was two months ago, for one thing. I know he made his notes before I made mine. The main thing was that I was a little more out of earshot. I tried to pay attention as best as I could, but there was a lot of commotion to my left-hand side near the coffee machine, so there was a lot of traffic going in and out and that added to the general background noise. So there were some things I did not quite hear very well.

**Ms Jackson:** When you arrived this afternoon, Dr Kosar, you were good enough to give me some correspondence, which I understand you are content be placed before the committee, which is connected to your request

through the OMA to the ministry for an exemption from the threshold.

**Dr Kosar:** Yes.

**Ms Jackson:** Mr Chairman, I would ask that that correspondence be marked collectively as the next exhibit.

**The Chair:** Yes.

**Ms Jackson:** That would be exhibit 66?

**The Chair:** Yes, this will be marked as exhibit 66. It is being distributed.

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**Ms Jackson:** What we see in this exhibit, Dr Kosar—and you have, of course, the originals—is a letter from yourself to Mr Peter Fraser of the OMA asking for assistance in applying for an exemption; a letter from Mr Fraser indicating that he has forwarded your letter to the new deputy minister in Health, and a letter from the Ministry of Health indicating the general announcement made on November 14 that no exemptions are going to be granted, all of which appears to suggest that your letter of July 24 did indeed go to the ministry.

**Dr Kosar:** Yes.

**Ms Jackson:** And your letter of July 24 indicates you are an ophthalmologist, that you are on the underserved area program and, as you say, you foresee that your gross income at some point might exceed the limit, thereby indicating that at the time you wrote this letter it did not.

**Dr Kosar:** That is correct.

**Ms Jackson:** Dr Kosar, have you now told the committee your best recollection and most complete recollection of your meeting with Miss Martel?

**Dr Kosar:** Yes, that is the best I can remember.

**Ms Jackson:** Have you ever met her again?

**Dr Kosar:** No, I have not.

**Ms Jackson:** Have you ever talked to her since?

**Dr Kosar:** No.

**Ms Jackson:** Do you have any other indication that anyone had access to confidential information with respect to individual doctors?

**Dr Kosar:** Only what I have heard in the media and seen on TV.

**Ms Jackson:** Apart from that, you have no personal knowledge?

**Dr Kosar:** Nothing additional I can add.

**Ms Jackson:** Thank you, Dr Kosar. Those are my questions.

**Dr Kosar:** You are welcome. Thank you.

**The Chair:** Thank you, Ms Jackson. Thank you, Dr Kosar. We will now commence the rotation of questioning, to commence first with members from the third party, and the time period will be 15 minutes per caucus. Mr Eves.

**Mr Eves:** I do not have any questions.

**The Chair:** No questions? Mr Hope.

**Mr Hope:** Just a couple. Mr Kosar, you are actively involved in the Sudbury and District Medical Society, I understand.



**Dr Kosar:** Especially since December 2. I have been a member since I have come to Sudbury and I have been more of an active participant since December of last year.

**Mr Hope:** To your recollection, do you know if the society has met with Mr Laughren at all before this December 2 date?

**Dr Kosar:** I am not sure. I think they have, but I am not sure.

**Mr Hope:** And you do not know if the society had met with Miss Martel before that time frame?

**Dr Kosar:** No, I am not sure.

**Mr Hope:** I just wanted you to look at your letter, because I was part of the standing committee on social development at the time and I remember this coming up about the underserved program. In the third paragraph—well, the second paragraph says, “As you may be aware, a number of important exemptions of the threshold payment program have already been made. This includes the implementation of the underserved area program,” which means that there was an exemption already made on behalf—because I know during the standing committee, you were concerned about being under the program, the UAP program, and there was a difference of information. But I read in your letter that you received from the minister, which is one of the “Dear Applicant” letters, that people under the underserved area program have received exemption from the threshold payment adjustment program.

**Dr Kosar:** At that time, it was not clear to us whether we in fact were exempt or not, because we were getting conflicting information. Since then it has become clearer, but at that time we were not sure.

**Mr Hope:** So as you read it now, you know that you are exempted under it?

**Dr Kosar:** Yes.

**Mr Hope:** That is all the questions I have.

**The Chair:** Thank you very much. Mr Mills.

**Mr Mills:** Thank you very much, Mr Chair. Dr Kosar, on December 11, 1991, there was a report, MCTV, with a Carol Bond, had some sort of an interview, I believe. Are you aware of that interview with the—

**Dr Kosar:** I was there, yes.

**Mr Mills:** Okay. Carol Bond said during that interview, “Dr Steve Kosar says Shelley Martel never claimed to have seen his confidential OHIP files.” Is that true? Do you agree with that?

**Dr Kosar:** Well, she did not offer that disclaimer; just the fact, as I mentioned already, that I do not recall her mentioning to me that she saw my own file.

**Mr Mills:** So you have no personal knowledge that Miss Martel ever saw your confidential file?

**Dr Kosar:** I said that she did not state that she saw my file. However, in response to some of our concerns I have mentioned already, when we mentioned that we were not over the threshold, she said, “I know.” When it came to the discussion of our involvement with the underserved area program she also said, “I know,” and she was aware of

how much time we had left on our term of involvement in the program.

**Mr Mills:** But you still have no personal knowledge, notwithstanding those assumptions, that—

**Mr Harnick:** On a point of order, Mr Chairman: I think that the witness should be directed to take a look at exhibit 65 because I had understood in his evidence that he said quite clearly he did not hear that, it is something that was related to him by Dr Hollingsworth and that he could not hear it because of the noise at the coffee machine.

**The Chair:** Thank you very much, Mr Harnick.

**Mr Harnick:** At least I think he should be directed to look at exhibit 65 when he is answering these questions.

**The Chair:** Thank you very much, Mr Harnick. Mr Mills, I think the question is in order and certainly if Dr Kosar wishes to refer to exhibit 65 to help him in the response, that is fine, but I am not going to rule out of order a question that you have asked in this matter for clarification.

**Mr Mills:** So I would just like to say again, you have no personal knowledge that Ms Martel ever saw your confidential OHIP file? It might be an assumption on your part, but you have no personal knowledge.

**Dr Kosar:** When we said we were not over the threshold, she said, “I know.” So somehow she knew, but she did not say how she knew. We did not ask her how she knew. She apparently told Dr Hollingsworth she saw his file, but again I have already stated quite clearly that I could not hear her very well.

**Mr Mills:** Thanks, Mr Chair.

**The Chair:** Thank you very much, Mr Mills. Mr Kormos.

**Mr Kormos:** This whole thing has generated press and media attention. Like I suspect, you people who are involved in these negotiations never really anticipated to see it turn into the big issue that it has been. Back on December 12, 1991, in the Toronto Sun, which is a Toronto daily, Christie Blatchford wrote about you, and I compliment you because you got her to write about you in the most complimentary terms in a way that I never have. She spoke of you as amiable and she spoke of you as without malice, and I am a little bit envious.

**Dr Kosar:** I have the quotation right here. She said I was “an amiable man, so without malice he is utterly credible.” I showed this to my family because they could not believe it.

**Mr Owens:** Thank you for that last comment.

**Mr Kormos:** You and around three other people in the history of the Sun have been referred to so kindly by Ms Blatchford.

**Dr Kosar:** I am going to have it framed.

**Mr Kormos:** Now, Ms Blatchford in that column has bullets, she has got those little highlights, those little squares to highlight three what she considers—she does not say this, and far be it from me to put words in Ms Blatchford’s mouth. I would never try to do that. But she speaks of the fact that Ms Martel told two doctors, and she



is talking about you and Dr Hollingsworth, that she, Ms Martel, knew that you were working under the government's underserviced program. Do you agree with me that it was written about as if that were somehow some sort of indiscretion on Ms Martel's part?

**Dr Kosar:** I am not sure exactly what context she meant that in. I mentioned to the committee previously that I was not aware it was public information, but subsequent to all of these events I have found that it is public information.

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**Mr Kormos:** So it not only would not surprise you and does not surprise you to know that Ms Martel knew about it; by God, as the MPP for Sudbury she should have known about it, it being public information and she having been called upon to speak out for northern doctors?

**Dr Kosar:** Yes, except for the fact that I found out I was coming to this meeting in Toronto on December 1, the day before in the evening. It was on very short notice. Our meeting with Ms Martel was unscheduled. I was sort of surprised that she was aware of my personal situation without any forewarning, because I did not even have 24 hours' notice before my meeting with her.

**Mr Kormos:** You had never met her before?

**Dr Kosar:** That is correct.

**Mr Kormos:** And to the best of your knowledge Dr Hollingsworth had never met her before either?

**Dr Kosar:** Right.

**Mr Kormos:** But she clearly knew that you were on the UAP program and she had a reasonably good idea—well, she knew that your contracts under UAP—those are four-year contracts, are they not?

**Dr Kosar:** Yes.

**Mr Kormos:** That they had not expired yet?

**Dr Kosar:** That is correct.

**Mr Kormos:** And she knew that you had not reached the threshold?

**Dr Kosar:** That is what she admitted to.

**Mr Kormos:** Because under UAP the threshold does not apply, does it?

**Dr Kosar:** At that time it was not clear.

**Mr Kormos:** To you?

**Dr Kosar:** To either of us.

**Mr Kormos:** You mean to Dr Hollingsworth or you?

**Dr Kosar:** Both of us.

**Mr Kormos:** Yes. But Ms Martel seems to have been pretty clear about the fact that people involved in the UAP program, people still actively on it, as you and Dr Hollingsworth were, were subject to the threshold?

**Dr Kosar:** Yes. But as far as we know we did not have any definite affirmation of that.

**Mr Harnick:** On a point of order, Mr Chairman: Mr Kormos stopped me from asking questions and I think perhaps we are into the same kind of issue here. How does the witness know what Ms Martel knew? He can only tell us about the threshold and his interpretation of it. How can

he be asked Ms Martel's interpretation of the threshold and the UAP program? Certainly that was never part of his evidence, through counsel. How Mr Kormos can ask this witness what Ms Martel's knowledge was I think is an improper question. He can tell us what his knowledge was, what his interpretation was, but unless it is established that Ms Martel even spoke to him and told him and made that kind of explanation, how can he tell us what is in Ms Martel's mind? I think the question is clearly improper.

**The Chair:** Mr Harnick, the way I heard the question posed, Mr Kormos was asking Dr Kosar what Dr Kosar thought of some of the terms within the UAP program. I did not hear a question posed that was asking Dr Kosar as to what was in the mind of Ms Martel at the time.

**Mr Harnick:** He clearly mentioned—I do not want to belabour this, Mr Chairman—in his last question something to the effect of what Ms Martel meant by the threshold and the UAP program. That is my objection.

**The Chair:** Thank you very much, Mr Harnick. Having heard Mr Harnick's question, although I do not believe your question to be out of order at all I would ask you, Mr Kormos, if there is any way in which you could rephrase that so that it would be clearer potentially for the witness and for members of the committee that you are not asking a question of Dr Kosar as to what Ms Martel might have been thinking at the time.

**Mr Kormos:** Even I forgot the question by now, Mr Chair.

**The Chair:** Well, we will move along.

**Mr Harnick:** I knew you had a short attention span.

**The Chair:** Order. Just to remind members of the committee that interruptions and interjections are not in order. We should be asking the questions and giving the people and the witnesses who come before the committee the respect, to respond to those questions. I hope that would carry on for the duration not only of this afternoon but of these hearings. Mr Kormos.

**Mr Kormos:** Whether or not you and Dr Hollingsworth were confused as to whether or not UAP participants were covered by the threshold, it is clear now that they were not, right?

**Dr Kosar:** You are saying that they were not covered?

**Mr Kormos:** The threshold did not apply.

**Dr Kosar:** At that time it was not quite clear. There was talk of it, but now we know we are exempt. At that time we were not aware of that.

**Mr Kormos:** You were not, but indeed you were exempt. And you were prevailing on Ms Martel, on behalf of doctors in the Sudbury area, to use whatever influence she had to do something about the threshold as it applied to northern doctors, were you not?

**Dr Kosar:** Yes.

**Mr Kormos:** You have been very kind to Ms Martel in describing her as being responsive and receptive and apparently pleased to sit down and talk with you. Is that fair?

**Dr Kosar:** Yes.

**Mr Kormos:** Yes. And you would expect somebody who was going to argue on behalf of northern doctors and the impact of the threshold—if doctors were not reaching the threshold, there would be no need for you to come to Queen's Park wanting exemptions from it, would there?

**Dr Kosar:** I think that is a fair statement.

**Mr Kormos:** One of the arguments about northern doctors is that their practices are somewhat unique and different from southern practices; that is to say that some northern doctors may be inclined to bill beyond the threshold not because they are greedy but because they are somewhat more alone than southern doctors are?

**Dr Kosar:** Or because there are fewer doctors available for a large population.

**Mr Kormos:** Yes. So part of the argument against the threshold for the northern doctors would be to know that indeed there were doctors in the north who were billing beyond the threshold. Would not that be part of the argument to be advanced?

**Dr Kosar:** I suppose that would be true.

**Mr Kormos:** It is an important part of the argument, is it not?

**Dr Kosar:** Yes.

**Mr Kormos:** That it was not just one doctor who was billing beyond threshold, but that it was perhaps three or four or more who were billing beyond threshold?

**Dr Kosar:** We did not talk about exact numbers. We were representing the medical community as a whole.

**Mr Kormos:** But that is an important part of the argument.

**Dr Kosar:** Certainly.

**Mr Kormos:** It is clear that Ms Martel only referred to the fact that there were—what was it she said?—three or four doctors who were over the threshold?

**Dr Kosar:** To my best recollection it was four that she mentioned. There were four general practitioners.

**Mr Kormos:** She did not purport to know their names, did she?

**Dr Kosar:** We did not ask her and she did not mention them to us.

**Mr Kormos:** Of course not. There is nothing that happened in that conversation that would let us conclude that she necessarily knew the names of those doctors, is there?

**Dr Kosar:** She was aware of the fact that there were four GPs billing over the threshold. Whether or not she knew their names I cannot fairly say, because she did not mention them.

**The Chair:** Mr Kormos, just two minutes remain.

**Mr Kormos:** Two minutes. Dr Hollingsworth had been on television up north, had he not? You are aware of that. Prior to your coming down here to see Ms Martel. Count me off, please, Mr Harnick. I need all the help I can get. I am just struggling along here, doing my best.

**Mr Harnick:** "Struggling" is the operative word.

**Mr Kormos:** I am from Welland and I am just doing my best.

**Mr Harnick:** You are downgrading the people of Welland.

**The Chair:** Order.

**Mr Kormos:** Doctor, tell us. Dr Hollingsworth was on television before you came down here from Sudbury to Queen's Park, was he not?

**Dr Kosar:** I think so.

**Mr Kormos:** And Dr Hollingsworth at that point had told his TV audience that he was in trouble because of the threshold and that he might have to leave the community.

**Dr Kosar:** I was not aware of that.

**Mr Kormos:** You did not watch that program?

**Dr Kosar:** No.

**Mr Kormos:** It was Dr Hollingsworth who called you—Mr Harnick, I asked you for your help. You are not giving me a countdown.

**Mr Harnick:** One minute, Peter; 30 seconds, really.

**Mr Kormos:** Dr Kosar, Dr Hollingsworth had called you telling you it was probably going to be important to write up a little memo of what had happened here at Queen's Park?

**Dr Kosar:** Yes. It was after his appearance on the local radio station.

**Mr Kormos:** He told you that he had prepared one?

**Dr Kosar:** No. He said he either had or—

**Mr Kormos:** Or was going to.

**Dr Kosar:** He said he—actually, I do not remember whether he had already done it or not, but he advised me to take some notes.

**Mr Kormos:** And that he had been advised by his lawyer to do it?

**Dr Kosar:** That I do not know.

**Mr Kormos:** Clearly, if there were any differences in your memo and his, what would that flow from?

**Dr Kosar:** I am not sure if we had any differences.

**Mr Harnick:** How does he know that?

**The Chair:** No, Mr Kormos, with respect to that one particular question, if you feel that there is some variance between two particular recitations of events, I would ask you to direct and be more specific to the doctor so that he would at least be able to answer a question where you have brought forward where there is a variance.

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**Mr Kormos:** Doctor, you have just suggested that there is no difference in the memos that were prepared by Dr Hollingsworth and by you.

**Dr Kosar:** Well, there is a difference—

**The Chair:** Excuse me; order. There is a point of order. Mr Elston.

**Mr Elston:** On a point of order, Mr Chair: Is there an allegation by Mr Kormos that this witness has seen Dr Hollingsworth's memo? Is that what the allegation is?

**Ms Jackson:** It is clear that he has.

**Mr Elston:** He has seen it?

**Ms Jackson:** Yes. I elicited that from him.



**Mr Elston:** Okay. So he is asking him for which variance, then?

**Mr Owens:** What is your point, Murray?

**Mr Elston:** Which variance, because he was directed to define the differences of points this witness was to be asked about.

**The Chair:** Again, Mr Kormos and Mr Elston, on this particular point, the time has expired but I will permit you to ask a question because of the number of objections that have been made; one question. But in the event that you are asking the witness, for instance, to compare one particular recitation of events to another, I would ask you, for the benefit of the witness, to be specific in terms of where you feel there is a possible divergence of event. In fairness, I think that is the only way in which a question of that nature can be put to Dr Kosar.

**Mr Kormos:** Thank you, Chair. That is an interesting ruling. Dr Kosar, your memo is identical to Dr Hollingsworth's?

**Dr Kosar:** No, I do not think it is. We differed in the fact that he recalls that Miss Martel said that she saw his file and Dr Donahue's, and I have already made it quite clear that I did not hear that because of the noise in the east lobby. That is probably the main difference between our statements.

**The Chair:** Thank you. The time has expired. We will now move to Mr Elston.

**Mr Elston:** Dr Kosar, I was interested in listening to the questions from Messrs Mills and Kormos who, when Dr Hollingsworth was here, spent their time in trying to elicit that there was information which you were asked about, or which you heard from Ms Martel, which apparently arose out of the UAP public record. I asked Dr Hollingsworth at that time and I will now ask you, do you make any of your billing information known to the underserved area program?

**Dr Kosar:** Absolutely none.

**Mr Elston:** You make your billings to the OHIP office; is that correct?

**Dr Kosar:** That is correct.

**Mr Elston:** For all your procedures performed in office, in hospital, whatever.

**Dr Kosar:** Yes.

**Mr Elston:** So the only place a person could get information other than from you or through your office would be from OHIP with respect to your billing and your practice operation; is that true?

**Dr Kosar:** Yes.

**Mr Elston:** Is it also correct that Ms Martel said to you that she knew you were under the threshold?

**Dr Kosar:** Yes.

**Mr Elston:** That would mean therefore, Dr Kosar, that she had specific information about your billings; is that true?

**Dr Kosar:** One would assume so from that.

**Mr Elston:** She could only make the observation that you were under the threshold if she knew what your billings were.

**Dr Kosar:** That is right.

**Mr Elston:** And she did say that to you; is that correct?

**Dr Kosar:** No. When I said I was under the threshold she said, "I know."

**Mr Elston:** She identified the fact that she already knew that you, Dr Kosar, someone she had never met before, a physician who was working in her community, obviously, were under the threshold.

**Dr Kosar:** Yes.

**Mr Elston:** She likewise—did you hear her also say the same thing to Dr Hollingsworth?

**Dr Kosar:** Actually, it was a joint statement, so to speak, that both Dr Hollingsworth and myself were under the thresholds, and she said, "Yes, I know," to that fact.

**Mr Elston:** So you were left obviously with the impression then that she knew about your billings to OHIP?

**Dr Kosar:** That is certainly what I thought.

**Mr Elston:** Did you have the same impression that she also had the same knowledge about Dr Donahue?

**Dr Kosar:** Yes.

**Mr Elston:** She identified the fact that his billings were unacceptable; is that correct?

**Dr Kosar:** She said "unacceptable"; yes.

**Mr Elston:** Is there any way she could have knowledge like that from any place other than OHIP? Has someone from your office, for instance, given her information about your billing practices?

**Dr Kosar:** Nobody has given away any information on my billing practices as far as I know. As far as Dr Donahue's billing practices, I am quite certain he has not made any of that public from his office.

**Mr Elston:** It is very strange. We are left with one reasonable observation: that Shelley Martel had to have access to the information on Dr Stephen Kosar with respect to his billing practices. Is that correct?

**Dr Kosar:** That is what I thought.

**Mr Elston:** Is it, Dr Kosar, within the realm of possibility that Shelley Martel also had the same information with respect to the four GPs? I am sorry. What is your impression that she had the same information with respect to the four GPs?

**Dr Kosar:** That was certainly my impression.

**Mr Elston:** Even though she did not name them, you were left with the impression that she knew specifically who the GPs were and what their billing practices were.

**Dr Kosar:** I can only assume that, but that is what my impression was, yes.

**Mr Elston:** Did you assume that because she had so much specific information with respect to your billing practices, the practices of Dr Hollingsworth and Dr Donahue? Would that be a reasonable assumption to make?

**Dr Kosar:** That is what we thought, yes.

**Mr Elston:** Did you feel that she was merely being kind to you when she was letting on that you were two of the good people? I guess it was Dr Hollingsworth who described the conversation as describing you as the "good people," but did you sense that she was just trying to humour you along or did you feel that she was specifically identifying the fact that she had information about the two of you and Donahue?

**Dr Kosar:** My impression was that she had some information at that time, although I did not attach too much significance to it at that time.

**Mr Elston:** It would not be something, then, that she could have made up on the spur of the moment, in the manner that she expressed that information to you?

**Dr Kosar:** That is difficult to say. We did not think she made it up. It certainly was not a heated debate where she would have said something accidentally or in the heat of the discussion. It was a very civil discussion, such as we are having here now.

**Mr Elston:** It was not one of those conversations where she was just going along nodding her head all the time saying, "Yes, I know, I know." I was not one of those. It was a sense that she delivered the lines with some degree of certainty and specific nature. Is that correct?

**Dr Kosar:** She seemed to be very well modulated and quite concerned about the whole situation, actually.

**Mr Elston:** Fully cognizant of the details about which she was speaking to you. Is that fair to say?

**Dr Kosar:** I think so, yes.

**Mr Elston:** The fact that you showed up unannounced and had a meeting at 1 o'clock or 2 o'clock in the afternoon—I think it was identified earlier in the transcript—without her knowing you were coming in caused you greater surprise. Is that correct?

**Dr Kosar:** Yes. In my deposition here I sort of mentioned that we found it quite puzzling, actually.

**Mr Elston:** This minister has obviously been quite concerned to study the billing practices of at least four GPs and at least three specialists in Sudbury to the extent that she knows that four GPs are over the threshold and one specialist has been identified as being over the threshold, and two others, present with her at that meeting, were described as good guys in a conversation that was described by another witness. That would tell you that this minister has done a full search of personal information, or at least had access to this information, would it not?

**Dr Kosar:** She seemed to be, at least, fairly well versed.

**Mr Elston:** She was very well prepared.

**Dr Kosar:** She had done some form of research.

**Mr Elston:** She was very well prepared, and as you indicated before, just to repeat it for the people here, the only way she can get billing information, apart from physicians consenting to its access out of their office, would be if she had access either to the files from OHIP or to summary information from those confidential files. Is that true?

**Dr Kosar:** Yes.

**Mr Elston:** Thank you.

**The Chair:** Mr Conway. I alert you, there are eight minutes remaining.

**Mr Conway:** I shall not need all of that time, Mr Chairman.

**Dr Kosar:** just briefly to your exhibit 65, I was interested that at the bottom of page 1 of your exhibit you say, "We reminded Ms Martel of her responsibility to her constituents and not only to her party." Can you explain the context in which that appears?

**Dr Kosar:** To us, it appeared that her caucus was in a leading role in preventing doctors in northern Ontario from getting their threshold exemptions. To us, that appeared to be the so-called party line. That is why we brought up this point, to remind her that she is responsible not only to her party but to the constituents, to the voters who voted her into that job.

**Mr Conway:** In the course of this meeting did she seem to be fairly aggressive or political in the sense of advancing the government line? I ask that question in light of that observation.

**Dr Kosar:** Actually, when we mentioned this, I remember her being almost subdued. I got the feeling that she was caught between a rock and a hard place, because I think she was concerned for both sides. I think she was in a difficult position.

**Mr Conway:** So the intent of that note is simply to recall to mind the course of the conversation. You went there with Dr Hollingsworth as a representative not of your own cases, as your note makes plain, but as a representative of the Sudbury and District Medical Society and that you were just anxious that she understand that there were broader questions of health care delivery here and that they should be looked at outside of a particular concern of the caucus or the government in power.

**Dr Kosar:** Yes.

**Mr Conway:** Good. Thank you.

**The Chair:** Seeing no further questions and the rotation being complete, I would like to thank you very much, Dr Kosar, for coming before this committee and providing information.

**Dr Kosar:** If I may, I would like to apologize to my patients who are inconvenienced by my having to leave my practice today. I would like to thank the committee for making accommodations for me to come at this time.

**The Chair:** For the committee's attention, we had previously given Ms Colley and her solicitor information that they may not be required until approximately 4 pm. It appears at this time that they will be coming back shortly, but probably around the 3:30 mark, so I would ask at this time that this meeting be recessed for 30 minutes, until 3:30, when we can recommence with Ms Colley.

The committee recessed at 1503.

1542

SUSAN COLLEY

**The Chair:** I would like to call the session to order and welcome Ms Colley and counsel back for the afternoon session. Thank you for returning and allowing us to meet



some other scheduling requirements. I remind you of the warning with respect to confidential information that was provided earlier in the day, together with a reminder of the oath which you affirmed earlier. As we left off, Ms Jackson was still in her questioning of you, and I invite Ms Jackson to continue.

**Ms Jackson:** Ms Colley, just before we resume in the chronology that we were discussing this morning, could I ask you to come back with me to one exhibit and clarify one area of your evidence. The exhibit is exhibit 50, which you will need to turn up.

We had some discussion this morning about when you next spoke to Mr Corea after you wrote this memorandum. I just want to clarify some uncertainty as to the timing of that. Do I take it that it is clear that at some point on the 15th you understood from Mr Corea that he had spoken to Ms Doherty on that day?

**Ms Colley:** No. I do not think I said that I knew he had spoken. I said I assumed he would have done because he was working on preparing a response, which we did following the meeting with Mr Decter and then my subsequent meeting. He worked on the response. I saw the response and I said I assumed that he probably talked to the people from the various political offices after that.

**Ms Jackson:** Let me just be sure that I understand something specifically. You recall being interviewed by Mr Taman and myself on Tuesday night with respect to this matter.

**Ms Colley:** I do.

**Ms Jackson:** Do you recall saying during the course of that interview that you spoke to Mr Corea after you sent him this memo, on the 15th?

**Ms Colley:** I do not actually recall what I did say to you that evening, no.

**Ms Jackson:** Is it possible that your recollection on this matter has changed since Tuesday evening?

**Ms Colley:** Since Tuesday evening?

**Ms Jackson:** Yes.

**Ms Colley:** No, I do not think so.

**Ms Jackson:** Is it possible indeed that you did in fact learn from Mr Corea on the 15th that he had spoken to Ms Doherty? You assumed that, and it is also possible, I assume, that you did in fact learn that.

**Ms Colley:** Yes. I am just saying that I do not recall having a discussion with him about the conversation.

**Ms Jackson:** So you would be unable to assist as to the timing of any conversation between Mr Corea and Ms Doherty on the 15th?

**Ms Colley:** Yes.

**Ms Jackson:** Then let's return to December 1991, which is where we left off this morning. I have asked the clerk to put in front of you and members two interoffice memoranda of December which you were good enough to give to us, one dated December 8 at 11:41 am from yourself. This would be the next exhibit, Mr Chairman.

**The Vice-Chair:** That would be exhibit 67.

**Ms Jackson:** The one dated December 8, 1991, at 11:43 am would be exhibit 68.

**Ms Colley:** Right.

**Ms Jackson:** Both of these interoffice memoranda contemplate a noon meeting between the Minister of Health and Michael—that would be Michael Decter—

**Ms Colley:** Yes.

**Ms Jackson:** —on Monday morning to discuss the “follow-up action re Sudbury doctors.” I assume this is the follow-up from the now notorious December 5 meeting in Sudbury, is that right?

**Ms Colley:** Yes.

**Ms Jackson:** It is contemplated as well that there would be a further meeting with the Sudbury members later in the day. Did a meeting occur between Ms Lankin and Mr Decter to deal with the Sudbury doctor situation around noontime on Monday the 9th?

**Ms Colley:** Yes, except that was the very meeting that I think I described to you, the meeting where I was interrupted and got the telephone call from Melody Morrison.

**Ms Jackson:** So that is the same meeting you have already told us about?

**Ms Colley:** Yes.

**Ms Jackson:** And you have told us all you can now recall of the discussion that took place in that meeting as a result of having learned of the incident in Thunder Bay?

**Ms Colley:** Yes.

**Ms Jackson:** Then on the evening of the 9th, did the contemplated meeting that is referred to in exhibit 69 between Floyd Laughren, Shelley Martel, Sharon Murdock and the minister, potentially as well with Mr Decter, to discuss the Sudbury doctor situation—did that occur?

**The Vice-Chair:** Excuse me, I believe that is exhibit 68, is it not?

**Ms Jackson:** It is also discussed in exhibit 67.

**The Vice-Chair:** I am sorry.

**Ms Jackson:** That is all right. Is that the problem?

**Mr Elston:** Yes. There is no 69 yet.

**The Vice-Chair:** Sixty-seven and 68. There is no 69.

**Ms Jackson:** I am sorry. In any event, the meeting that is in all these exhibits, on the evening of the 9th, between Mr Laughren, Miss Martel and Ms Murdock and Mr Decter, did that occur, do you know?

**Ms Colley:** No. Events had changed somewhat by then.

**Ms Jackson:** In any event, were you present for any discussion that evening with any of these people in respect of the matters arising from the Thunder Bay incident on the 9th?

**Ms Colley:** Oh, no. This was a meeting that was contemplated after the Sudbury meeting on the 5th, to discuss follow-up to the general Sudbury situation with Ms Lankin and with Mr Decter. I think the events that happened in the House on Monday basically caused the meeting to be cancelled. So there was no meeting, in other words.

**Ms Jackson:** Dr LeBlanc has previously indicated to the committee that that evening he was involved in sort of



waiting in the anteroom of the P and P meeting and had some discussions with some of—

**Mr Elston:** On a point of order, Mr Chairman: Just something that has been a bit confusing here. We have talked about Monday the 8th of December.

**Ms Jackson:** I am sorry, I meant Monday the 9th.

**Mr Elston:** Okay. So the questions are about the memorandum which was actually generated on Sunday the 8th of December?

**Ms Jackson:** That is right.

**Mr Elston:** Okay. So now we are on the 9th. That is fine.

**Ms Jackson:** I apologize if it has been unclear. The faxes are on the 8th—

**Mr Elston:** Which is the Sunday.

**Ms Jackson:** —trying to set up these meetings for the following day, which is Monday the 9th.

**Mr Elston:** The 9th is Monday. Okay, good. Thanks.

**Ms Jackson:** That is right, Ms Colley?

**Ms Colley:** Yes, that is right.

**Ms Jackson:** I am sorry if I have been unclear on that.

**Mr Harnick:** Just to clarify so we do not have to get into difficulties later, I think earlier on you said that the first you ever heard of the issue with Miss Martel—

**The Vice-Chair:** Excuse me, Mr Harnick, is this a clarification or a question?

**Mr Harnick:** It is a clarification—was on the Monday?

**Ms Colley:** Yes.

**Mr Harnick:** Yet these exhibits—

**Ms Jackson:** Let me deal with that.

**Mr Harnick:** Okay. You see where I am going.

**Ms Jackson:** Well, I do not know if I do, but let me deal with what I think is—

**Mr Harnick:** Well, no. I am trying to be fair rather than wait until—

Interjections.

**Ms Jackson:** Ms Colley, these meetings that you are writing about on December 8 are meetings that you want to have set up on Monday the 9th, is that correct?

**Ms Colley:** Yes, that is right.

**Ms Jackson:** And the meetings that you want to have set up on Monday the 9th, as of Sunday the 8th, are to follow up on the Sudbury meeting, not Thunder Bay.

**Ms Colley:** That is right.

**Ms Jackson:** The Sudbury meeting on Thursday the 5th, correct?

**Ms Colley:** Yes, exactly.

**Ms Jackson:** The bearpit session?

**Ms Colley:** Exactly.

**Ms Jackson:** So you want to set up a meeting at lunchtime and then in the evening?

**Ms Colley:** Exactly.

**Ms Jackson:** By lunchtime, in the middle of your lunchtime meeting, you have, as you told us this morning, heard for the first time about the Thunder Bay incident.

**Ms Colley:** By lunchtime Monday, yes, that is right. And in fact—

**Ms Jackson:** Just let me go through this, as I have clearly muddled things up impossibly. So then you come down to the evening of the 9th. That is the time at which it had been hoped there would be a further meeting to discuss the situation with respect to Sudbury on the 5th, right?

**Ms Colley:** That is right, yes.

**Ms Jackson:** And you are saying that did not happen.

**Ms Colley:** That is right.

**Ms Jackson:** And I am telling you now that Dr LeBlanc indicated to the committee that that night, Monday the 9th, he was in the anteroom of the P and P, wherever the P and P meeting was taking place, catching people to talk about various threshold issues, and that he, in the course of those conversations, ran into and had some conversations with, I think he said, Mr Laughren, Miss Martel, Ms Murdock and perhaps as well your minister. Were you present for any of those conversations?

**Ms Colley:** No, I was not.

**Ms Jackson:** Did you hear any reports of them?

**Ms Colley:** No.

**Ms Jackson:** Were you a participant in any further conversations concerning the Thunder Bay incident on December 5, on the 9th?

**Ms Colley:** No.

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**Ms Jackson:** I hope that is clear, and if it is not—

**Ms Colley:** Very.

**Ms Jackson:** —people are going to have to follow up on their own. Then we come to December 5, Tuesday, right?

**Ms Colley:** December 10.

**Ms Jackson:** Sorry, December 10. Excuse me. Well, you can see why I get into this difficulty. Clear as mud. December 10 is the Tuesday. On that morning, as I understand it, or some time during that day, you became aware of the possibility of a leak of confidential information within the ministry.

**Ms Colley:** Yes, it was about 6 o'clock in the afternoon.

**Ms Jackson:** All right. Before we get to that, then, were there any conversations during that day that you were party to dealing with the Thunder Bay incident on December 5?

**Ms Colley:** I think that there was a meeting in the morning with Dr LeBlanc and Michael Decter where Frances reviewed with them the situation with regard to confidential information. But it was quite brief.

**Ms Jackson:** Were you there?

**Ms Colley:** Yes.

**Ms Jackson:** When you say she reviewed the situation with respect to confidential information, which situation was she reviewing?

**Ms Colley:** Well, I think I mentioned that the previous day, Monday the 9th, she had asked Mr Decter to establish



that there had been no leak of confidential information from the ministry. I presume that Mr Decter, you know, did seek that guarantee from Dr MacMillan, although I was not present for part of that. And then the next day we did have a meeting with Dr LeBlanc and Mr Decter and Ms Lankin and myself where we touched on, again, the issue of confidential information. I mean, I think Ms Lankin was quite anxious about ensuring that there had not been any leak of confidential information, and my understanding is that we did have a little—some more discussion about the threshold issue.

**Ms Jackson:** Now, you say your understanding is that you had one more discussion with respect to the threshold issue. Is that your recollection or has somebody told you you did?

**Ms Colley:** Oh, it is my recollection, but I must say that my recollection has been very fuzzied by all of the events of that week.

**Ms Jackson:** What is your recollection of your discussion on the threshold issue that morning?

**Ms Colley:** Oh, well, as a follow-up to the—I mean, we had not met with Dr LeBlanc since the 5th of December, which was the Thursday before, the meeting in Sudbury, and there were a number of—I mean, it was really apparent after that meeting that something had to be done to deal with the problem situation for doctors in the north. And so when I say a discussion about the threshold situation, I think I also mentioned that in the week prior to this, we had begun to discuss the possibility of introducing special initiatives to assist with retaining doctors in the north through the underserviced area program, and we had a follow-up discussion to that at that time.

**Ms Jackson:** All right. You told us this morning that on the 9th, Ms Lankin had sought assurances from Mr Decter and instructed him to make the appropriate inquiries to get those assurances, that there had been no leak of confidential information. Are you saying that the report back on the result of those inquiries was on the morning of the 10th?

**Ms Colley:** No, I am not saying that. I am saying—

**Ms Jackson:** Oh, all right.

**Ms Colley:** Sorry. I am saying I do not know what happened with regard to the assurances that Ms Lankin got on the Monday. I believe she did get some, and I do not know how that happened because I was not present. All I am saying is that at this meeting with Dr LeBlanc, she did reiterate, you know, that she wanted to be sure that nothing had come out of the ministry.

**Ms Jackson:** After she had received the assurances that she did on the 9th, do you know what it was on the morning of the 10th that she was still uncertain about?

**Ms Colley:** Oh, no; I do not think there was anything specific. I think it was just a generalized concern.

**Ms Jackson:** What was the assurance she sought from Dr LeBlanc? What is your best recollection of what she said?

**Ms Colley:** I mean, I am not sure it was directed to Dr LeBlanc. I think that she was just repeating again to Mr Michael Decter that she wanted to be—I mean, I think it was the kind of thing that the day before she had obviously

had one discussion, and the next day she was sort of reviewing some of the information that had occurred. I remember that they talked briefly about the security guidelines that were in place and that kind of thing, but it was very brief. It was sort of along the lines of: "I trust that you were right yesterday, Michael. I really want to be sure." It was much more that kind of statement. It was not a big deal.

**Ms Jackson:** Then were you present for any further conversations on the 10th, before 6 o'clock, dealing with the Thunder Bay incident or the possible leak of confidential information within the ministry?

**Ms Colley:** I do not think so. I believe I did meet her after question period, which I often do just to connect and catch her up with anything that is going on or to connect with her about any concerns that she may have, because often she did not come back to the office; she would go on to a committee or whatever. I did meet her after question period; my basic recollection is to sort of basically make her feel calm and strong to go out and face the press.

**Ms Jackson:** Was there any conversation—

**Ms Colley:** You all know what that is like, right?

**Ms Jackson:** Was there any conversation then between you about the Thunder Bay incident or the possible leak of confidential information in the ministry?

**Ms Colley:** No.

**Ms Jackson:** Any other conversations on those topics before 6 o'clock?

**Ms Colley:** No.

**Ms Jackson:** And then around 6 o'clock, did information come to you that suggested there had been a leak of confidential information within the ministry?

**Ms Colley:** Yes.

**Ms Jackson:** What was it that came to you?

**Ms Colley:** Paul Howard, our communications assistant, came and indicated that he had received a telephone call from the Toronto Sun, Anne Dawson, indicating that she was aware of a memo that contained information about a doctor.

**Ms Jackson:** What specifically did he say she had said to him?

**Ms Colley:** I know he had two discussions with her. Essentially, he advised me that the first discussion was whether he was aware of a memo. He advised her that he had received a memo on the 13th indicating that he would receive information about a doctor, that he did not have any more information and certainly not any confidential information, and that he would get back to her.

**Ms Jackson:** He said he would get back to her?

**Ms Colley:** Yes.

**Ms Jackson:** And did he?

**Ms Colley:** I think he did the next day, yes.

**Ms Jackson:** All right. After he hung up the phone, did he come to you, or had he done something else first?

**Ms Colley:** Yes, he had called Dr MacMillan, I think to find out whether such a piece of information existed. Dr MacMillan had also received a call from the Toronto Sun.



So he came in and talked to me and we both talked on a speaker phone, with Tiina Jarvalt from Michael Decter's office, to Dr MacMillan.

**Ms Jackson:** So on the speaker phone was yourself; Ms Jarvalt, who is the executive assistant to Mr Decter; Mr Howard; and at the other end of the line, Dr MacMillan?

**Ms Colley:** Yes.

**Ms Jackson:** Anyone else?

**Ms Colley:** Yes, an OHIP lawyer.

**Ms Jackson:** I beg your pardon?

**Ms Colley:** An OHIP lawyer.

**Ms Jackson:** And what do you recall of that conversation?

**Ms Colley:** I recall that Dr MacMillan told me that he had received the call from the Sun; that he had described to the Sun that there had been a request for briefing information, that the briefing information had been prepared in Kingston by a Mr Teatero and Mr Teatero had prepared a briefing note, and that had been approved by Dr McBride, who is the acting director of the health insurance division, and that it had then been forwarded to Eugene LeBlanc, Diane McArthur, Denise Allen and Maurice Jones. And then he went on to say that he thought that it had also been delivered to the minister's office, but he was very vague about that. He said that he thought it had gone to Paul Howard, and Paul Howard told him it could not have done because he had not been there. And he had indicated that he was uncertain because it had not been him who had communicated it.

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**Ms Jackson:** Are you saying that Dr MacMillan said he had said all this to the Toronto Sun?

**Ms Colley:** Um, I think so. No, he had not said the thing about the—no, no. Dr MacMillan had said that there was a briefing note and that he had described to the Sun that it did contain sensitive information.

**Ms Jackson:** Had he volunteered that or confirmed something they already had? Do you know? Did he say?

**Ms Colley:** No, he said he volunteered it.

**Ms Jackson:** All right. Was there any suggestion in that conversation that anyone else—in the conference call that you were having now, was there any suggestion from Dr MacMillan or from anyone else that anyone other than Mr Allen, Mr Jones, Ms McArthur, Dr LeBlanc and possibly Mr Howard had seen this memo of confidential information?

**Ms Colley:** I think he may have said—I think he said also that Mary Doyle or Tiina Jarvalt from Michael Decter's office may have received it too.

**Ms Jackson:** Anyone else?

**Ms Colley:** No. Did I say Dr LeBlanc? Yes, Dr LeBlanc and Diane McArthur. Yes, that is it.

**Ms Jackson:** Was there any suggestion in that conversation that Mr Corea might have received a copy of the memo?

**Ms Colley:** No.

**Ms Jackson:** After Dr MacMillan recounted these facts, was there any further discussion about those facts or about what should be done?

**Ms Colley:** It was my—I am just trying to remember. I think we were—the gist of the conversation was really trying to clarify what had happened and what had been said, so there was that kind of discussion. All three of us were kind of jumping in and saying, you know—trying to sort of get some clarification. One of the things we did try to clarify was why he considered the memo to be of a sensitive nature. The lawyer who was—I am sorry, I cannot remember her name—

**Ms Jackson:** Laurel Montrose?

**Ms Colley:** Who?

**Ms Jackson:** Laurel Montrose.

**Ms Colley:** Yes, yes, of course. Laurel Montrose, yes, indicated that the memo may have contained more information than needed to be there.

**Ms Jackson:** Was there any comment from Mr Howard to the suggestion that he had received it?

**Ms Colley:** Oh, yes. Mr Howard jumped in on the speaker phone and explained that he could not have received it because he was not there, and that there was nothing on his machine.

**Ms Jackson:** Once those facts had been clarified, then, what if anything did you do about them?

**Ms Colley:** Actually, I—sorry. Dr MacMillan also described, though, the process of how he had been in Toronto the next day, had been at a meeting and had given instructions to retrieve the memos.

**Ms Jackson:** All right. And having learned of those facts, what did you do?

**Ms Colley:** I first of all called Mr Michael Decter and advised him of this. I mean, I immediately thought that this was a piece of information he needed to have, as he is responsible for the administration of the ministry, the security of the ministry and the security of information within the ministry. I had a discussion, you know, briefly filling him in on what happened, and advised him that I thought that the ministry would probably want to have an immediate investigation. Mr Decter thought that was a good idea and he would consider that. I told Michael Decter that I was going to be contacting the minister immediately and letting her know about this and that he should stay tuned. I then called the minister—

**Ms Jackson:** You then which?

**Ms Colley:** I then called the minister.

**Ms Jackson:** Where was she?

**Ms Colley:** She was in the P and P meeting.

**Ms Jackson:** This is a further P and P meeting on the Tuesday?

**Ms Colley:** Yes. This was a special meeting on the Tuesday.

**Ms Jackson:** And did you tell the minister on the phone what had happened?



**Ms Colley:** Yes, I explained to her what had happened.

**Ms Jackson:** And what did she say? What was done?

**Ms Colley:** Actually, I did not explain to her on the phone. I actually said that I wanted to come over. I gave her really brief details and said that I thought I should come over and discuss it with her.

**Ms Jackson:** All right. Then you went over to the P and P meeting?

**Ms Colley:** Yes.

**Ms Jackson:** Which is in this building?

**Ms Colley:** It is in this building, yes.

**Ms Jackson:** And what did you do?

**Ms Colley:** I walked in and she was not there, and found out that she had actually gone to the office of Lynn Spink with—

**Ms Jackson:** The office of?

**Ms Colley:** Of Lynn Spink, with David Agnew and Shelley Martel, and I joined them in that room.

**Ms Jackson:** And who is Lynn Spink?

**Ms Colley:** No, Lynn Spink was not there. Oh, Lynn Spink is the executive assistant to the Premier and they were in her office.

**Ms Jackson:** But she was not there.

**Ms Colley:** Yes, right.

**Ms Jackson:** This was David Agnew, the minister and Ms Martel?

**Ms Colley:** Mm-hmm.

**Ms Jackson:** And did you join them?

**Ms Colley:** Yes.

**Ms Jackson:** And what happened?

**Ms Colley:** I explained to them what had happened, the telephone call from the Sun and what their allegations were, and that I had telephoned Michael Decter, and Frances asked Shelley Martel very directly whether or not she had received or seen any confidential information from the Ministry of Health. And Shelley Martel said, "Absolutely not," and assured Frances that she had never seen any such information.

**Ms Jackson:** Can you describe the reaction of those three people when you told them—well, first of all, how much had you told the minister on the phone?

**Ms Colley:** I think I told her that there had been a phone call to Paul Howard from Anne Dawson of the Sun suggesting that there was information, that it was really unclear what information there was, whether the Sun actually had any information, and so the gist of our discussion—one of the components of the discussion outside P and P was whether the Sun had the information or not.

**Ms Jackson:** When you joined them in the office, what further information did you give the minister beyond what you had already told her on the phone?

**Ms Colley:** I described in some detail the discussion with Dr MacMillan.

**Ms Jackson:** After you did that, was the next thing that happened that the minister spoke to Ms Martel, as you have described?

**Ms Colley:** Yes.

**Ms Jackson:** And what happened then?

**Ms Colley:** After that?

**Ms Jackson:** Yes.

**Ms Colley:** The minister basically turned to me and instructed me to first of all ascertain that there had been no dissemination of any personal information from the minister's office, to ascertain that nobody in any of the other Sudbury ministers' offices had received any information from the Ministry of Health, third to call Michael Decter and ask him to do the same with the appropriate ministry officials, fourth to require the attendance of the deputy minister, Eugene LeBlanc, Dr MacMillan—

**Ms Jackson:** To require the attendance of the deputy minister—

**Ms Colley:** Dr LeBlanc and Dr MacMillan and Paul Howard in her office at 8 o'clock the following morning to advise her on basically the follow-up to our inquiries about whether or not the information had got out. She also asked me to ask Paul to call Denise Allen and Maurice Jones to check whether they had disseminated such information.

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**Ms Jackson:** And did you call Paul Howard and Denise Allen and Mr Jones?

**Ms Colley:** I went back to the office and Paul was still there.

**Ms Jackson:** I am sorry; you went back to the office—

**Ms Colley:** And Paul was still there.

**Ms Jackson:** And what did you do? Did you talk to him?

**Ms Colley:** Yes.

**Ms Jackson:** What did he say?

**Ms Colley:** He basically went and phoned at home Denise Allen and Maurice Jones and asked them whether they were aware of any personal confidential information and whether they knew whether it had left the ministry or whether they had any idea about how it would get into the Sun's hands. They said they did not, and he came and told me that.

**Ms Jackson:** Did they say what they had done with their copy of the confidential memo you had now learned they had originally received?

**Ms Colley:** I do not remember.

**Ms Jackson:** What steps did you take to ascertain whether there had been any dissemination of confidential information from the ministry?

**Ms Colley:** I should say, by the way, that Denise Allen had by this time left the ministry and was no longer working in the ministry.

**Ms Jackson:** I understand that, but she was contacted?

**Ms Colley:** Yes.

**Ms Jackson:** All right. What steps then did you take to fulfil the minister's instructions to ascertain that there had been no dissemination of confidential information from the ministry?

**Ms Colley:** The person that had been dealing with this was of course Larry Corea, and I took steps to find out—he was by this time on vacation, as you know, and I telephoned his sister to see if I could get some phone number to call him. Then the next morning I explained the situation to our staff and advised them of the seriousness of this allegation and asked them whether anybody knew of any way in which any information could have got to the Toronto Sun.

**Ms Jackson:** Did you learn anything as a result of that that indicated to you how it had got to the Toronto Sun?

**Ms Colley:** No.

**Ms Jackson:** Or whether any confidential information had been disseminated?

**Ms Colley:** I was assured that certainly nobody on our staff had disseminated any information.

**Ms Jackson:** You said you wanted to contact Larry Corea because he had been dealing with this?

**Ms Colley:** Mm-hmm.

**Ms Jackson:** What do you mean by "this?"

**Ms Colley:** Just that—I mean, I knew that he was one of the staff that—well, he was a key staff that I had to speak to.

**Ms Jackson:** I take it there was some concern that in the course of his handling the matter you have talked about before, there might have been some leakage of information?

**Ms Colley:** No, I was not concerned at all about that. I just was carrying out the minister's instructions, which were to establish that there had been no dissemination of information.

**Ms Jackson:** Did you speak to him?

**Ms Colley:** No, because we could not find him. In fact, we have a Spanish-speaking staff who called a number of hotels, but we could not actually find him. So I left a message on his answering machine for him to talk to me immediately on his return.

**Ms Jackson:** And that conversation took place when he returned?

**Ms Colley:** Mm-hmm.

**Ms Jackson:** On December 29th?

**Ms Colley:** That is right.

**Ms Jackson:** What did you ask him?

**Ms Colley:** Well, first of all, he had just literally come back from three weeks away and had missed all of this, had not yet seen the papers. I had called my husband at home, who had told him also that he knew he should talk to me. I was in England. He called me, and I first of all explained to him the bare bones of what had occurred and explained to him that Frances wanted an assurance that there had not been a leak of confidential information, and I wanted to know whether he at any time had given any information, confidential information, to any of the ministers' offices or MPPs' offices.

**Ms Jackson:** And what did he say?

**Ms Colley:** He said no. He was—

**Ms Jackson:** Was there any discussion in that conversation of whether he had received a copy of the confidential document you had been alerted to on the 10th?

**Ms Colley:** I asked him whether he had received anything like that, any confidential information, but he could not—I mean, he just did not have a memory of—

**Ms Jackson:** Is that the way you put the question, "Have you ever received any confidential information?"

**Ms Colley:** No, no, no. I am not actually sure whether I did ask him this or not on the phone. I cannot really remember whether I asked him on the phone or I asked him when I returned.

**Ms Jackson:** Do you recall whether at some point in time you did ask him?

**Ms Colley:** Yes.

**Ms Jackson:** What did you ask?

**Ms Colley:** I asked him whether he had received a copy of a memo regarding Dr Donahue from Eugene LeBlanc or via Diane McArthur.

**Ms Jackson:** And what did he say?

**Ms Colley:** He told me that he had received a document. He was not sure how he got it, but he remembered seeing a document that was something like a computer printout with figures on it. That was his first response to me. I actually concluded that he had not received this memo, because of course from the 8 o'clock meeting on the 11th of December, I knew there was an e-mail, that the form of this document from Mr Teatero was in fact an e-mail, even though I did not see it. So I actually did not think he ever received such a document—that memo. From the way he initially described it to me, it sounded like it was something else.

**Ms Jackson:** Did it sound like it was anything that was confidential or not?

**Ms Colley:** That I could not tell, because he told me that he had scarcely looked at it, but he had got a request to return it or get rid of it and he had returned it to Dr MacMillan when he went to be in on this telephone call.

**Ms Jackson:** You indicated that the minister, on the evening of the 10th, instructed that she wanted the deputy minister, Dr LeBlanc, Dr MacMillan and Mr Howard to attend in her office the next morning.

**Ms Colley:** Yes.

**Ms Jackson:** Were you there as well?

**Ms Colley:** Yes.

**Ms Jackson:** Was this matter further discussed then?

**Ms Colley:** Yes.

**Ms Jackson:** Was anything said about the circumstances of the original leak as described by Dr MacMillan beyond what he had already told you?

**Ms Colley:** I do not think so. It was more organized in the sense that Mr Decter actually led the discussion. Mr Decter had collected the information overnight and went



through for the minister sort of day by day the sequence of e-mails and so on.

**Ms Jackson:** Was a decision taken as to how the ministry should respond to this situation?

**Ms Colley:** Yes. Mr Decter had suggested that the minister or himself could contact the privacy commissioners and request an investigation, and the minister thought that was a good idea.

**Ms Jackson:** And was that done?

**Ms Colley:** Yes, that morning.

**Ms Jackson:** That, Ms Colley, I think completes my review of the chronology with you. Let me just ask you, because you already told me, I understand that prior to giving your evidence, like Mr Corea, you were interviewed by Mr Dee?

**Ms Colley:** Yes. Mr Dee was trying to establish a witness list, basically.

**Ms Jackson:** That is what you understood to be his purpose?

**Ms Colley:** Yes, that is right.

**Ms Jackson:** Like Mr Corea, when you were interviewed, did Mr Dee take notes?

**Ms Colley:** I think he did, yes.

**Ms Jackson:** Were you given a copy of those notes?

**Ms Colley:** No.

**Ms Jackson:** Were you told anything about what anyone else would say in their evidence concerning these matters by Mr Dee?

**Ms Colley:** No.

**Ms Jackson:** Were you told by Mr Dee not to discuss your evidence with anyone?

**Ms Colley:** Yes.

**Ms Jackson:** Have you followed that instruction?

**Ms Colley:** Yes.

**Ms Jackson:** Apart from the conversations you have already related to the committee that you had with people as these events unfolded and apart from the discussions you have had with your counsel and with me, have you discussed your evidence here today with anyone?

**Ms Colley:** No.

**Ms Jackson:** I understand you did have an opportunity to see a portion of Mr Corea's evidence given before the committee yesterday.

**Ms Colley:** I saw snippets on the TV yesterday, yes.

**Ms Jackson:** Can you, just so the committee knows which portions you heard, indicate which times of day you were watching?

**Ms Colley:** From about 11:30 till noon and then again from 2 to 2:30.

**Ms Jackson:** Thank you, Ms Colley. Those are my questions.

**The Chair:** Thank you, Ms Jackson. We will now commence the rotation. I am looking at the time. I will start with the government members and we will have 30 minutes per member.

**Mr Christopherson:** We are fine, thank you, Mr Chair.

**The Chair:** Thank you very much. I will now move to—

**Mr Elston:** Is it 30?

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**The Chair:** Pardon me? Excuse me, I am advised by government members that they have no questions to ask and I would now move to members of the opposition.

**Mr Elston:** I am just asking you, if there are only 30 minutes—

**The Chair:** Per caucus.

**Mr Elston:** Per caucus, so it seemed to me that we had had a little bit more—

**Ms Jackson:** I am sorry, I realize I may have misled people in the room and the witness. I will have further questions, as I have already indicated to the witness, but they are to be asked in camera, I am afraid.

**Mr Conway:** Just before we proceed, Mr Chairman, we will proceed this afternoon till a point of normal adjournment around 5 o'clock and then we will begin again with this witness to complete any unfinished questioning, and then we will move into camera and complete this witness, presumably in the morning of Monday of next week.

**The Chair:** That is correct.

**Ms Jackson:** I think I should alert Mr Conway there is a slight possibility that we may have to adjust this witness again, in a way I understand she is prepared to accommodate, to accommodate another witness who can only come Monday. But can I discuss that with the subcommittee a little bit further this evening?

**The Chair:** May I just, with the committee's indulgence—

Interjections.

**The Chair:** Excuse me, Mr Conway, did you want to—

**Mr Conway:** I realize the lateness of the day, and I have tried to listen very carefully to what I think is extremely important testimony, and I think we will have the opportunity to adjourn at some point today. Speaking for myself, I will certainly want to go over the Hansard of this testimony very carefully. Counsel has brought forward quite a lot of information, and so I am anxious to put that on the record and we will have an—

**Mr Christopherson:** A point of order, Mr Chair.

**The Chair:** Mr Christopherson.

**Mr Christopherson:** As we did the other day, in the interests of time, rather than cut off in the middle of the questioning of the third party, we are prepared to stay and complete the questioning so that this portion is done and when we pick up again on Monday we can do the in camera.

**Mr Conway:** I appreciate the point that the member from Hamilton has said. This is for me important testimony, very important testimony, and I for one want the opportunity to look at the Hansard that will be made available.

**Mr Christopherson:** Mr Chair, I do not want to be unreasonable at all. However, the times and the process



have been something you have been very strict about in terms of adhering to the subcommittee's direction. We talked about trying as much as possible to get through as much of Ms Colley's testimony as possible today, and I recall again the importance we placed on Mrs Dodds, and there was some leniency on the part of the Chair. But to hold off portions of discussion when the time is available to conclude the caucuses' allotted time I think is at great variance with the kind of rulings that you have been giving to date.

**Mr Conway:** I want to assuage the sensibilities of my honourable friend the member for Hamilton Centre. We will be quite prepared to use the 30 minutes this afternoon and I simply indicate that we will be picking this witness up again in camera.

**The Chair:** I think there is a point of order by Mr Elston.

**Mr Elston:** Mr Chair, I was just wondering how you determine that there is half an hour. We spent all of this morning with this witness and we have spent about 45 minutes or so more with Ms Jackson's examination. Is there not in a sense a little bit more time for us to follow up on some very important testimony than just half an hour?

**The Chair:** Thank you very much.

**Mr Christopherson:** Point of order.

**The Chair:** Mr Christopherson.

**Mr Christopherson:** Just before you make your ruling, Mr Chairman, I remind my honourable friends across the way and also yourself that I have asked this question before and had a very clear understanding of how you made those judgements. Some of them we have been less pleased with than others, but we have abided by them, I think as fairly and accurately as possible, and I would ask you to keep that in mind when you rule.

**The Chair:** Thank you very much. Mr Elston, are there any further points of order?

**Mr Elston:** Just the half-hour, then, is firm was my question.

**The Chair:** Yes. I am mindful of a discussion which took place in the subcommittee just yesterday evening on this very point. I am mindful of the time, and as has been my action in the past, I hope that all of the caucuses will keep within that time period. I think everyone recognizes that I do not unnecessarily close off a particular line of questioning in the event that time has expired, and that has been the case—

**Mr Elston:** When one has established their line, then, I suspect.

**The Chair:** That has been the case in the past and I expect to proceed with that. We know we are going to go into a subcommittee meeting approximately at 5 pm today. I would ask if the official opposition wishes to commence today.

**Mr Elston:** I will commence.

**Mr Christopherson:** Just before you start, Murray, so I do not cut you off after you or one of your colleagues is in midflight—Mr Chair, what about my suggestion that we

go just long enough after 5 to complete the questioning so that we can indeed get this chunk of the testimony out of the way? We have two key blocks left to do on Monday, one being the in camera section and the other one being Minister Lankin.

**The Chair:** That will be up to the members of the committee. I am looking at Mr Harnick, particularly.

**Mr Harnick:** I have a commitment this evening, and I understand we are about to embark upon a rather lengthy subcommittee meeting. It would be my suggestion that we begin the cross-examination of this witness on Monday after we have all had a chance to see the transcript. I would be quite content, after the government members have seen the transcript, to see if they may want to engage in any clarification of any points.

**Mr Christopherson:** I do not think that is the question, sir. You have already ruled on that.

**Mr Harnick:** My difficulty is that if we are going to have a lengthy subcommittee meeting, we should be starting it at 5 o'clock, because I have some time constraints.

**The Chair:** I do not see any difficulty in this matter.

**Mr Harnick:** I would almost be content to start our subcommittee meeting now.

**Mr Christopherson:** I would only acknowledge, Mr Chair, that some of my colleagues have commitments, but they are prepared to stay to complete this questioning in the interest of the time concerns that have been raised by the opposition members. I would just like to make it clear that they are all prepared to clear their schedules and complete this.

**Mr Hope:** Full day's pay for a full day's work.

**The Chair:** I have heard a number of comments and I think what we will do is be consistent with respect to previous meetings. We will look to adjourn at approximately the 5 pm mark. We will move into a subcommittee at that particular point in time and recommence on Monday. I will open the questioning to the members of the official opposition. Mr Elston.

**Mr Elston:** Ms Colley, you would describe yourself as the most senior political staff member to the minister?

**Ms Colley:** Right.

**Mr Elston:** You are directly responsible to her for the operation of the office and the conduct of her political staff?

**Ms Colley:** Right.

**Mr Elston:** You are also responsible for liaising with the deputy's side of the ministry. Is that correct?

**Ms Colley:** Yes.

**Mr Elston:** I was interested to note that in meetings designed to deal with contentious issues—and it is called something else as well; I am not actually sure how it was described—you are not present at that meeting generally, you said. Why?

**Ms Colley:** I am not present at the meeting between the ministry staff and our staff.

**Mr Elston:** Who from your staff would be present at this contentious issues meeting?



**Ms Colley:** Either Paul Howard, the communications assistant, and/or Rob Smalley, our legislative assistant. They report back to a meeting of our staff.

**Mr Elston:** Does that happen every day?

**Ms Colley:** Yes.

**Mr Elston:** On the day Paul Howard was not available, which included the day of the delivery of the interesting memo, who would have attended the contentious issue meeting?

**Ms Colley:** Rob Smalley.

**Mr Elston:** He would have attended in Mr Howard's absence?

**Ms Colley:** Yes.

**Mr Elston:** Does the contentious issue meeting result in a report to you?

**Ms Colley:** It reports back to the 9 o'clock meeting of the staff, yes.

**Mr Elston:** To you?

**Ms Colley:** To the staff meeting, yes.

**Mr Elston:** Do you hold the meeting?

**Ms Colley:** To me. Yes, I am the chair.

**Mr Elston:** You are the chair of the meeting. The meeting is among the members of the staff. How many people meet at 9 o'clock?

**Ms Colley:** Usually about 10.

**Mr Elston:** Then 10 of the 13 people are involved in this meeting. Who is excluded?

**Ms Colley:** Actually, nobody is excluded. It is a team meeting.

**Mr Elston:** So really 13 of the 13 are there.

**Ms Colley:** Yes, but usually not everybody can come.

**Mr Elston:** When does the minister get involved in the result of the contentious issue and the 9 o'clock meeting results?

**Ms Colley:** There is a noon briefing every day for the minister.

**Mr Elston:** She is not aware, then, of anything going on in the office with respect to contentious issues or the staff meeting until noon of that day.

**Ms Colley:** Rarely, yes.

**Mr Elston:** On a need-to-know basis?

**Ms Colley:** Right.

**Mr Elston:** You are the person who determines if she needs to know.

**Ms Colley:** Usually. If I am not there for some reason then I have a backup.

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**Mr Elston:** But through the current episode we are discussing you were there on all occasions, up to at least the end of the legislative session anyway, in December of 1991. Is that correct?

**Ms Colley:** I may not have been there every morning, actually, no. I mean, sometimes I have other engagements.

**Mr Elston:** Did you miss any of the mornings about which we spoke in relation to your earlier testimony given in response to questions by Ms Jackson?

**Ms Colley:** I do not remember. I can check my calendar and let you know.

**Mr Elston:** Is there a possibility you would not have remembered being around for any of the dates of the 12th, 13th, 14th, 15th of November, which would seem to be the days when a lot of things were happening?

**Ms Colley:** Oh, no. I do not think anything special was happening on those days. I mean, I think I have said before—

**Mr Elston:** Okay. Nothing special was happening. The Treasurer was bugging the Ministry of Health for information. The minister of northern affairs was bugging you for information. Sharon Murdock, unknown to Mr Corea at the time, but also a member from Sudbury, was at least involved someplace along the line asking for information about Sudbury doctors. But you still seem to say nothing special was happening?

**Ms Colley:** I think you are probably aware of this, Mr Elston; I mean in terms of your own past practice. As far as the Ministry of Health is concerned, there are, daily, people who have concerns. I would not say—

**Mr Elston:** But it is unusual to have the same people asking for information four consecutive days, is it not, and not think there is something important happening?

**Ms Colley:** Oh, I think that when an issue emerges, what basically happens is you have a backwards-and-forwards about what happened and more information, and "I'll get back to you," and that sort of thing. And really that is—

**Mr Elston:** Sure. But I was interested in your testimony, which indicated that on the date of the 14th and then the 15th of November you had been in discussions with Mr Corea, who had been pursuing the receipt of information from the Ministry of Health on behalf, mostly, of Mr Laughren, Mr Laughren's assistants, although also from Ms Martel.

**Ms Colley:** Yes.

**Mr Elston:** And you had indicated that Mr Corea was somewhat anxious to receive this information, did you not?

**Ms Colley:** Mm-hmm.

**Mr Elston:** You said he appeared to be somewhat concerned that he was not getting it. Is that not true?

**Ms Colley:** Oh, yes.

**Mr Elston:** Is that not why you spoke to Michael Decter on the morning of the 15th? I believe it was the 15th of November.

**Ms Colley:** Yes.

**Mr Elston:** And is that not what generated the memo from you to Corea about the material you had received from Decter in the discussions on the morning of the 15th of November?

**Ms Colley:** Yes. That was a communication from—

**Mr Elston:** But you were quite clear that Mr Corea was concerned that this was an important issue for him because he had not received information which Floyd had asked.

**Ms Colley:** Yes, but he also talked to me about his—I mean, not his—“concern” is maybe a bit strong a word, but he also talked to me about the fact that Mr Scott was anxious about another issue and that Mr Runciman was calling about another issue.

**Mr Elston:** Mr Runciman is a Tory and Mr Scott is a Grit.

**Ms Colley:** Yes.

**Mr Elston:** And this sort of spreads it around.

**Ms Colley:** That is right, but I mean—

**Mr Elston:** But he has asked you to talk to Decter to get information about which Floyd Laughren’s office had been asking since the 12th of November.

**Ms Colley:** That is right.

**Mr Elston:** You said clearly in your evidence directed in reply to Ms Jackson that he was concerned, and in fact he asked you to get this information for him, did he not?

**Ms Colley:** Oh, Mr Elston, I am not denying that he was concerned—

**Mr Elston:** Right.

**Ms Colley:** —or that I took—I think I took appropriate action—

**Mr Elston:** And you felt he was concerned, from his—

**Ms Colley:** —in terms of following up on it.

**Mr Elston:** —discussions with you, did you not? You knew he was concerned, did you not?

**Ms Colley:** Yes, but I do not think he—I mean, Larry is a concerned kind of guy.

**Mr Elston:** Yes.

**Ms Colley:** And I do not think he was actually any more concerned about this than many other issues that come every day—

**Mr Elston:** But he was concerned that he—

**Ms Colley:** —and that is the point I am trying to make.

**Mr Elston:** But he was concerned that he had not gotten information—

**The Chair:** Order, please. Excuse me. I am just wondering, Mr Elston, when you pose a question, if you could allow Ms Colley to respond.

**Mr Elston:** Well, I was taken by her response to Ms Jackson which said that Mr Corea was concerned by the lack of return from the Ministry of Health. That is true, is it not?

**Ms Colley:** Yes, of course, yes.

**Mr Elston:** Why do you think it is that when Mr Corea appeared in front of us that he did not seem to be taken by the fact that there was a document which had been directed to his office in response to his questions about the practice of Dr Donahue?

**Ms Colley:** What he told me was that the document he received—first of all, he could not remember the document scarcely at all, that it did not strike any chord in him

so he did not read it. That is what he told me and I accepted that.

**Mr Elston:** But he read your memo of the 15th of November? Did he tell you he had read your memo?

**Ms Colley:** No, he did not tell me whether he had read it or not. We had a discussion shortly after. I had an intervening meeting between writing that and meeting with him.

**Mr Elston:** But you met him shortly after your 9 o’clock meeting finished?

**Ms Colley:** Yes.

**Mr Elston:** Which could have been 9:45, I believe you told us.

**Ms Colley:** Roundabout, yes.

**Mr Elston:** Did you speak to him during that encounter about the contents of your memo to him?

**Ms Colley:** About the contents of my memo earlier in the morning?

**Mr Elston:** Yes.

**Ms Colley:** No, I actually described to him—you know, I acknowledged that time was running short in terms of dealing with Mr Laughren’s concerns, that the weekend was coming up. Basically, I laid out for him the kind of discussion I had had with Mr Michael Decter, which discussed the fact that if epilation services were involved then that would not be a major problem in terms of loss of service.

**Mr Elston:** Did you also—

**Ms Colley:** Shall I finish?

**Mr Elston:** Sure. But I also want to know whether you told him about the other more significant information.

**Ms Colley:** Are you asking—

**The Chair:** Mr Elston, please. Ms Colley.

**Ms Colley:** Mr Elston, you asked me what I talked to Mr Corea about and I am really trying to give you my best.

**The Chair:** Ms Colley, could you just respond to the question? Mr Elston, could you please allow Ms Colley to respond.

**Mr Elston:** I only have half an hour, you know.

**Mr Wood:** Murray, you do not listen to the answers.

**Mr Elston:** I am trying to get the answers that I know she has.

**Interjections:** Oh.

**The Chair:** Please, order. Ms Colley, could you please respond?

**Mr Cavalluzzo:** I would ask Mr Elston to withdraw that statement because that is very disrespectful to this witness.

**Mr Elston:** I am asking the questions.

**Mr Cavalluzzo:** But you do not have—

Interjection.

**The Chair:** Order, please.

**Mr Cavalluzzo:** You do not have any kind of authority whatever to impugn the integrity of anybody.

**Mr Elston:** I apologize. I withdraw the last comment so Mr Cavalluzzo can rest.



**Mr Cavalluzzo:** Thank you.

**Mr Elston:** Ms Colley wishes to finish.

**Ms Colley:** You asked me, I believe, the nature of my discussion with Mr Corea after my meeting with Mr Decter and I was describing to you that what I did was describe to him the general discussion I had had with Michael Decter about the fact that if epilation had been involved, then it would not be a concern in terms of loss of services.

Secondly, as far as the government was concerned, with regard to the criticisms of our threshold position, that would not necessarily be a problem if in fact Dr Donahue was part of the underserviced area program, and so on. What I continued to hit on with Mr Corea was that we really needed to communicate to Mr Laughren that he should go and describe these policy issues, our policy on epilation and the deinsuring of those kinds of services, our policy on threshold agreements, and suggest to Mr Laughren that what he do is ask Dr Donahue if he would be good enough to open up his books, to look at the practice billings in order that we can establish what the problem is. That is what Mr Corea then developed into a memo that got distributed to those offices as you, I think, have seen in exhibit whatever number it is.

**Mr Elston:** Now you see, Mr Chairman, what I am up against when I only have a half-hour, because there are some rather full answers that she wishes to give to us.

**The Chair:** I understand what you are saying, Mr Elston.

**Mr Elston:** I would like to ask this witness about that special memo that came around to at least Mr Corea, how it was that Mr Howard had indicated he had never received it. He was not in his office. We know that. Did he ever look to check or did he tell whether he checked to see if that memo went to his office?

**Ms Colley:** He did, yes. He checked on his—

**Mr Elston:** And he found none?

**Ms Colley:** He checked on his machine. This was the 9th of December. What he indicated was that he did not receive it.

**Mr Elston:** And of course we know Mr Corea did not get this memo on his machine. It came by hard copy.

**Ms Colley:** Yes.

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**Mr Elston:** Did Mr Howard check his office to see whether there was hard copy?

**Ms Colley:** Well, it would have had to have been slid under his door. He assured me that no such document had been slid under his door.

**Mr Elston:** So he never had it.

**Ms Colley:** Also, I mean, Dr MacMillan and Dr LeBlanc, I think, neither of them suggested that they had left for sure the memo with Paul Howard.

**Mr Elston:** I was interested to note during the course of your discussions around the events of the 14th and 13th of November and all the way through that Larry Corea, according to you, was known to be fully in charge of this

issue, at least "had carriage," I think was the way that you—or was carrying this issue.

**Ms Colley:** Right.

**Mr Elston:** Yet during his testimony it seemed to me that Mr Corea was saying that he really was not fully in charge because other people were also involved. Do you know what other people were contacted or involved in this issue through the 11th, or at least the 12th to 15th of November?

**Ms Colley:** I was the only other person.

**Mr Elston:** Just yourself and Mr Corea.

**Ms Colley:** Yes.

**Mr Elston:** So no other contacts had been made in the office between Laughren's office and your office?

**Ms Colley:** Not that I am aware of. Now, it is possible that a telephone message could have been relayed through one of the general assistants, but I would have to find out from them.

**Mr Elston:** So if Corea was interested, or thinking that somebody else was involved in this issue, his thought would have been that you, Sue Colley, was the person who was carrying the issue. Is that correct?

**Ms Colley:** I cannot speculate on what he was thinking. I am sorry.

**Mr Elston:** Okay. You see, there seems to be, in the testimony of Mr Corea, between his testimony and yours, some inconsistency about who was really in charge. Mr Corea's testimony led me to believe that he was not as concerned about his carrying this issue as you appeared to have designated him to be. Do you have any reason or any explanation for that coming out of the testimony?

**Ms Colley:** I have not read his testimony, so I do not know. But I think that we have a pretty explicit relationship and I would be very surprised actually if he was not conscious of the fact that he was responsible for gathering the required information on the Sudbury dermatologists, as requested by one of the customers outside of the ministry. I would be very surprised, Mr Elston.

**Mr Elston:** I am going to have to jump forward, because I do not have much time left, Ms Colley, but I was interested, when you were recounting the events of the 8th, 9th and 10th of December, that on the morning of the 9th of December Ms Lankin was quite anxious, you had indicated. Were you anxious?

**Ms Colley:** I am always anxious.

**Mr Elston:** Aren't we all.

**Ms Colley:** Yes, I think it is reality around here.

**Mr Elston:** Let me put myself in the position of maybe being in the Ministry of Health's office just for a moment.

**Mr Wood:** You just wish, Murray.

**Mr Elston:** We have had a call from the Premier's office that has just alleged—

Interjection.

**Mr Elston:** —that there were certain things said by another minister of the crown with whom we have had



some contact because of issues in her riding. The issue was about whether or not there was confidential information released. Okay, the call comes from the Premier's office. That alone, whether it is about confidential information or not, to a minister's office generally causes EAs some concern. You did not seem to be any more anxious about this call about the possible release of confidential information than just having an everyday anxiety attack?

**Ms Colley:** I am sorry, I am not—

**Mr Elston:** You were not any more anxious on Monday the 9th of December after the call from the Premier's office than you generally are in the office of the Minister of Health. Is that true?

**Ms Colley:** Yes, I think I was concerned. Yes.

**Mr Elston:** You are responsible in the result, are you not, for any losses of confidential information in that office?

**Ms Colley:** Out of my office I am responsible, yes.

**Mr Elston:** So you should have been rightfully fairly anxious about seeing that there was no release of information, confidential or otherwise, out of that office. Is that correct?

**Ms Colley:** Yes. I think that I am saying—yes, I did have concerns and always have concerns, and I am generally anxious.

**Mr Elston:** I was interested to note that on December 9th, after your minister was asked about this issue in the House, you, the EA, who would be responsible for the loss of confidential information, did not participate in any further conversations for that whole day about the issue, even though it was the story of the day in all the media. You did not participate in any conversations with anyone about the issue on the 9th, on the afternoon of the 9th of December, after your minister answered that question in the House?

**Ms Colley:** No, I did not. Basically, the minister had sought assurances from ministry officials that no confidential information had been released, and we were satisfied that that was the case.

**Mr Elston:** But you knew that there was confidential information floating around the minister's office on the 15th of November, did you not, on this issue?

**Ms Colley:** There is always confidential information floating around the minister's office.

**Mr Elston:** You in fact generated a memo to Larry Corea that contained confidential information on the 15th of November, did you not?

**Ms Colley:** Yes.

**Mr Elston:** And yet on this issue which had been flagged, as you described it to Ms Jackson's questions earlier today, you did not have any more concern on the 9th of December than to have no conversations with anyone about the issue about which you were primarily responsible to your minister?

**Ms Colley:** I have absolute confidence in our minister's office staff. They are all under oath. I respect that. And assurances had been sought from OHIP that no confidential information had been let out.

**Mr Elston:** One last question. I am going to have to jump on again because I am losing time here. You met on

December 10th, I guess, with Agnew, Martel, Lankin and yourself in Lynn Spink's office and you said that the question was asked by your minister of Ms Martel, "Did you see any confidential information?" The answer to that was, "No." Was the question asked whether or not Ms Martel had received any confidential information?

**Ms Colley:** Yes, received or seen, yes.

**Mr Elston:** Did she receive any in terms of summary? Was that asked?

**Ms Colley:** Sorry?

**Mr Elston:** Was there any summary confidential information received, as opposed to files?

**Ms Colley:** The general question was asked by the minister—

**Mr Elston:** "Have you seen any confidential—"

**Ms Colley:** "Have you seen or received any confidential information from the Ministry of Health?"

**Mr Elston:** Did your minister ask Ms Martel if she was briefed by Michael Decter on a subject matter that contained confidential information?

**Ms Colley:** She did not ask that specific question. She asked whether or not—

**Mr Elston:** She had received—

**Ms Colley:** —received or seen, which would imply, I think, to probably you or me, at least—

**Mr Elston:** It does not imply that to me. Thank you for trying to answer my questions.

**Ms Colley:** No, I mean if one of us had been asked that question—I think if you had been asked—

**Mr Elston:** You know that Michael Decter—

**Ms Colley:** Let me speak for myself, Mr Elston. Interjection.

**Ms Colley:** If I had been asked if I had received or seen, I would have assumed that that would have meant received orally or physically.

**Mr Elston:** We know that Michael Decter had briefed Shelley Martel on this issue, do we not?

**Ms Colley:** Not—

**Mr Elston:** Yes, we do. It was in your memo. You wanted to be debriefed about the meeting.

**Ms Colley:** There was a meeting between Mr Decter and Shelley Martel.

**Mr Elston:** And you said, in response to Ms Jackson, that Ms Martel had had several—several—interesting questions for Mr Decter to answer.

**Ms Colley:** I think I said that Shelley Martel had a lot of information about technical questions concerning cardiologists in Sudbury. If I did not make that clear—

**Mr Elston:** And others.

**Ms Colley:** —that was my understanding of the meeting that occurred between Michael Decter and Shelley Martel.

**Mr Elston:** But you have established for our committee that there was such a meeting which involved several questions, among them questions on cardiologists. But that was not the exclusive subject matter; that what was you



recalled of the brief report on the meeting, I think you described it as. Is that not true?

**Ms Colley:** That was the report I received, yes.

**Mr Elston:** Right. Did you ask Ms Martel if she had been in receipt of any information?

**Ms Colley:** No.

**Mr Elston:** What was your role in the meeting of December 10th? You had been the one who had wanted to go and see Ms Lankin. Did you report to the meeting about the Sun inquiries-

**Ms Colley:** Right.

**Mr Elston:** —to Mr Agnew and the others?

**Ms Colley:** Right.

**Mr Elston:** Did you ask any questions of any of those people, other than Ms Lankin, at the time?

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**Ms Colley:** No, I very much saw my role as a reporting role.

**Mr Elston:** Can you tell us whether or not Mr Agnew was asking questions of Ms Martel about her role in receiving information about the Sudbury doctors?

**Ms Colley:** No. I mean, he left that to the Minister of Health.

**Mr Elston:** So there was a question period between Minister Lankin and Minister Martel, your minister asking and Ms Martel answering, generally in the negative when it came to talking about her receipt of information, confidential information?

**Ms Colley:** Right.

**Mr Elston:** Did Ms Martel at any time tell the minister about her encounter with Drs Hollingsworth and Kosar?

**Ms Colley:** During this meeting?

**Mr Elston:** Yes.

**Ms Colley:** No.

**Mr Elston:** Were you at all aware of any time when Ms Martel reported to Ms Lankin about her encounter with Hollingsworth and Kosar?

**Ms Colley:** I was not present for any such report, no.

**Mr Elston:** Do you know of any meetings between Ms Martel and Ms Lankin with respect to the issue of the epilation or capping or threshold, whatever it was called, between the middle of November and the 8th, 9th, 10th of December?

**Ms Colley:** I pretty definitely can tell you that there were no formal meetings. As you know, I mean, ministers do talk to each other, especially around the legislative chamber. Whether that occurred, you would have to ask her.

**Mr Elston:** Would you speculate for us, Ms Colley, how it is that—

**Ms Colley:** Probably not.

**Mr Elston:** Well, it is probably not in the way of the New Democrats to speculate. I apologize. Could you, for me, indicate how it would be that Ms Martel on the 2nd of December, 1991, would tell Dr Kosar and Dr Hollingsworth that they were doctors who were billing

under the threshold and that Dr Donahue, along with four GPs, was billing over the threshold? How do you think she had that information?

**Mr Cavalluzzo:** Mr Chairman, I am always concerned about speculative questions. Surely it is a hypothetical question. It calls for speculation and I do not know how—

**Mr Elston:** Perhaps we could put it this way—

**The Chair:** Mr Cavalluzzo and Mr Elston, I think that is a question that has been posed in the past. It is up to the witness if she wishes to respond or not.

**Ms Colley:** I do not know.

**Mr Elston:** You know that the information with respect to how much a doctor bills is fully within the realm of the Ministry of Health, correct?

**Ms Colley:** Right.

**Mr Elston:** And can only be obtained out of OHIP, right?

**Ms Colley:** Right.

**Mr Elston:** Unless the doctor himself or herself delivers it publicly, I would say?

**Ms Colley:** Right.

**Mr Elston:** Would you think then, if Ms Martel knew that Dr Kosar and Dr Hollingsworth were billing under the threshold and Dr Donahue was billing over the threshold along with four GPs in Sudbury, that she had access to information from the Ministry of Health?

**Ms Colley:** I mean, there is another hypothesis here, which is that basically, as we all know, doctors who are in the underserviced area program are exempt from the threshold.

**Mr Elston:** No, no, that does not tell me that she—she already told me—or at least we were told today and Dr Kosar told us that he has not released information on his billings. Dr Hollingsworth did not release information on his billings. We speculate—at least it was speculated by Dr Kosar—that Dr Donahue did not release that information publicly. Yet Minister Martel, who has already had an interview at this time with Michael Decter, has had contact with the Ministry of Health offices with respect to preparation for meetings, knew that these people were billing either under or over the threshold. Can you tell me where she might have gotten that information, if it was not from the Ministry of Health?

**Ms Colley:** I doubt very much that she had that information.

**Mr Elston:** Well, how could she tell Dr Kosar that she knew, if she did not have that information?

**Ms Colley:** Well, it seems to me that you have not asked her that question yet.

**Mr Elston:** No, I am asking you.

**Ms Colley:** Well—

**Mr Elston:** Let me ask you this, Ms Colley. What other source would she have to obtain the information that would allow her to say specifically and precisely to Drs Kosar and Hollingsworth, "I know you don't bill over the threshold"? Tell me that.



**Ms Colley:** I am not aware of any source.

**Mr Elston:** You know the Ministry of Health, right? And you have identified that the information on the amount of money billed by doctors is available only through the OHIP offices, right?

**Ms Colley:** Right.

**Mr Elston:** Somehow then, if somebody knows whether a person is billing over or under the threshold, they have had access to that information. Is that not correct?

**Ms Colley:** In general, I would say that is true. It depends, I suppose, on how the question—

**Mr Elston:** And with precision, because—

**Mr Cavalluzzo:** Excuse me, Mr Elston. Thank you. Continue.

**Ms Colley:** I would say it would depend on how that question was posed. If there was a slight variation on that, to suggest that, "I know that you cannot be affected by the threshold," that does not imply that she has billing information.

**Mr Elston:** Please allow me to indicate that—

**Ms Colley:** We are doing a lot of speculation here today. I think it is really not a good idea.

**Mr Elston:** —Dr Kosar today was quite precise about the fact that Ms Martel said that she knew they did not bill over the threshold.

**Ms Colley:** Really.

**Mr Elston:** Okay, so that takes away the issue of the manner in which this was put. I was interested as well, when you talked about the meeting with Mr Decter on the day of the 10th of December—sorry, when you had the call, I guess on the 9th of December, from the Premier's office, I think it was Morrison who had called you perhaps?

**Ms Colley:** Yes.

**Mr Elston:** You were not really asked to do anything as the EA to the Minister of Health, were you? You were just being advised that there was an issue with respect to Ms Martel?

**Ms Colley:** Oh, yes, I was being asked to advise the minister.

**Mr Elston:** But other than that, were you asked to report back to the Premier's office on what you found, to prepare the Premier?

**Ms Colley:** Not specifically, but obviously, if we had found anything untoward, we would have certainly reported to the Premier.

**Mr Elston:** Did Ms Morrison ask you to have the Minister of Health speak to the Premier or anyone in his office?

**Ms Colley:** No.

**Mr Elston:** Did they ask you to prepare the minister for a possible question in the House?

**Ms Colley:** I would—implicit of course is that the minister should be prepared for a question in the House, yes.

**Mr Elston:** And did Ms Morrison—I think you said that she did—say that Ms Martel lied? I think those were

your words in earlier response to Ms Jackson's questions. Is that true that Ms Morrison said that Martel had lied?

**Ms Colley:** No, she said—I am trying to remember the exact words here. It was a long time ago and—

**Mr Elston:** I think this morning—

**Ms Colley:** There is an incredible amount of discussion about this, so—I did not write it down. The essence of what she said was that Shelley Martel had been at a reception on the Thursday evening and at that reception she had got in an excited discussion with a number of people at the reception and had made some remarks about Dr Donahue and having seen his file, and that afterwards, she had recognized that she had made that up and had duly apologized to the people at the reception.

**Mr Elston:** Sorry, that Ms Martel had recognized she had made it up? I know you are just paraphrasing—

**Ms Colley:** Yes, I am.

**Mr Elston:** —but that is a lot less strong than you put it this morning. I was quite taken by the fact that you used the word "lied" this morning. What was it that Ms Morrison really told you? Was it that Ms Martel had lied or was it that she had recognized that she had made it up?

**Ms Colley:** She told me the story of what happened, and the story that happened was just as I have described it to you there.

**Mr Elston:** So she did not use the word "lied" as you had used the word this morning?

**Ms Colley:** She may have used the word "lied." I cannot remember, actually, Mr Elston, at this point.

**Mr Elston:** I was just taken by the spontaneity of your relating the event this morning. It seemed that "lied" must have been a word that was used and I am just getting the confirmation of that.

**Ms Colley:** It did pop into my head, but then it was a word that got used throughout that week rather extensively through the House. I am telling you now that I do not remember the precise word used.

**Mr Elston:** Used, in fact, by Ms Martel as she was explaining the situation. She said she had lied as well. That is correct, is it not?

**Ms Colley:** Sorry?

**Mr Elston:** Ms Martel was using that word to explain the outburst on the 5th of December, was she not?

**Ms Colley:** She said she had, yeah, made it up.

**Mr Elston:** Is the fact that Ms Martel said that she lied a reason why you were not as anxious on the 9th and 10th of December to look into a possible leak of information?

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**Ms Colley:** I think I described to you what I did, which was to report it to the minister, who then did look into and investigate it. That does not indicate that I was not anxious.

**Mr Elston:** Well, you did not speak to anybody—

**Ms Colley:** "Anxious" is a very loaded word, right? There are levels of anxiety. I think we took the appropriate course of action that was required, having gotten this information, and that is what occurred, Mr Elston.



**Mr Elston:** But when Ms Martel stood in the House prior to your minister, I guess, having the question and said that she had lied, is that the reason why you did not pursue this issue with anyone at all during the course of the afternoon of December 9 after your minister had been questioned in the House?

**Ms Colley:** I think I have already said that the minister did get assurances from the ministry staff that there had not been any leak of information. No; we therefore were assured. As you know, we are all very very busy with thousands of other things, and they are always very pressing and demanding, and we just got on with them.

**Mr Elston:** And did Ms Martel, in the meeting with Agnew, yourself, Lankin, say in the course of that meeting in Ms Spink's office that she had in fact lied?

**Ms Colley:** She did not say that. No.

**Mr Elston:** She said she had not received no confidential information, but she did not say during the course of that, "Listen, I got upset and I lied"?

**Ms Colley:** No. In fact, I was not there for the entire meeting. I was only there for the part where I gave my report and Frances asked—

**Mr Elston:** Oh, I misunderstood. I thought you were there for the course of the whole thing.

**Ms Colley:** What I am saying is that when I got to this meeting, David Agnew, Frances Lankin and Shelley Martel were already there. I may have missed part of a discussion. I might have missed the part of the meeting that did discuss that. I do not know.

**Mr Elston:** So the possibility exists that the issue of Ms Martel's lie could have come up in the later part of the meeting.

**Ms Colley:** The earlier part of the meeting, sure.

**Mr Elston:** So in the early part you—

**Ms Colley:** Right. Okay, what happened was that by the time I arrived they were already meeting, and of course this was a P and P meeting, a special P and P meeting, that nobody wanted to take a lot of time out of. It was not a prolonged meeting. When I got there I gave my report. Frances Lankin asked the questions of Shelley Martel; Frances gave her instructions in terms of how to deal with this situation and the meeting broke up.

**Mr Elston:** What were her instructions?

**The Chair:** Mr Elston, the time is coming to a close.

**Mr Elston:** To a close? Okay. What were her instructions as to how to deal with this?

**Ms Colley:** I think I went through the four things. She wanted me to telephone to Michael Decter and investigate basically whether there was any possible information leak or whatever from the ministry that would end up in the Toronto Sun. She wanted me to ascertain that nobody from our ministry staff had disseminated any information. She wanted me to check with other ministers' staff that this had not happened and she wanted a meeting at 8 o'clock the next morning to have the report back.

**Mr Elston:** In the situation where Ms Martel explained her actions by indicating that she had lied, and your

subsequent investigations of your ministry and otherwise, are you satisfied with Ms Martel indicating that she had lied during the course of the meeting, recounted that she found the ministry had unacceptable practice concerns about Dr Donahue and that they were going to charge him—do you think that her explanation of her having lied and having made up all that information was valid?

**Ms Colley:** Do you want my opinion?

**Mr Elston:** Yes. Well, you must have had a feeling about that, because you did the investigation, did you not?

**Mr Cavalluzzo:** Mr Chairman, I thought that was the very inquiry this committee was set up to decide.

**Mr Elston:** She was asked to investigate, Mr Cavalluzzo. Allow your—

**Mr Cavalluzzo:** So long as you are bound by the answer.

**The Chair:** I understand the concern, but again, Mr Elston has asked the question.

**Mr Elston:** What are you concerned about?

**Mr Cavalluzzo:** I am not concerned about anything. It is not a proper question, that is all. If she wants to answer it she can answer it.

**The Chair:** Excuse me. If Ms Colley wishes to respond to the question, certainly she can do so. There is in my view nothing improper with the question. I would just remind Mr Elston that the time has expired. I also remind members that we have allowed a certain line of questioning to end, and a latitude has been given but I would caution Mr—

**Mr Elston:** This is the final question on that line.

**The Chair:** Again, Mr Elston, if you would like to repose the question for Ms Colley, that is fine; or would you like to respond, Ms Colley?

**Mr Elston:** Do you want me to ask it again?

**Ms Colley:** Sure.

**Mr Elston:** You were asked to do an investigation by your minister.

**Ms Colley:** Yes.

**Mr Elston:** Were you satisfied after your investigation with the explanation by Ms Martel, that she had made up or that she had produced a lie in relation to her allegations about inappropriate practice by Donahue and by the fact that he would be charged? Do you think that was an acceptable explanation by Ms Martel as a result of your investigations in the ministry?

**Ms Colley:** Um, yes. I mean, I thought it was consistent with what I knew of the personality of Shelley Martel.

**Mr Elston:** Sorry, what? I would like to follow that up, but I know my time is out.

**The Chair:** Thank you. Thank you very much, Mr Elston, Ms Colley, Mr Cavalluzzo. That brings to an end the hearings for today. We will recess until 10 o'clock Monday morning in this room. The scheduling at that time will be announced, Mr Cavalluzzo and Ms Colley, to yourselves after we have had a subcommittee meeting, which we are now moving into. This meeting is adjourned.

The committee adjourned at 1706.

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Publications



M-33 1991/92

M-33 1991/92

ISSN 1180-436X

## Legislative Assembly of Ontario

First Intercession, 35th Parliament

## Assemblée législative de l'Ontario

Première intersession, 35<sup>e</sup> législature

## Official Report of Debates (Hansard)

Monday 24 February 1992

## Journal des débats (Hansard)

Le lundi 24 février 1992

### Standing committee on the Legislative Assembly

Inquiry re  
Ministry of Health  
information

### Comité permanent de l'Assemblée législative

Enquête concernant  
certains renseignements  
du ministère de la Santé



Chair: Steven Offer  
Clerk: Douglas Arnott

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Published by the Legislative Assembly of Ontario  
Editor of Debates: Don Cameron



Publié par l'Assemblée législative de l'Ontario  
Éditeur des débats : Don Cameron

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# LEGISLATIVE ASSEMBLY OF ONTARIO

## STANDING COMMITTEE ON THE LEGISLATIVE ASSEMBLY

Monday 24 February 1992

The committee met at 1011 in room 151.

### INQUIRY RE MINISTRY OF HEALTH INFORMATION

**The Chair:** I call this morning session of the standing committee on the Legislative Assembly to order. Committee members will have, I imagine, an agenda before them. I would just like to make a note on that agenda. For scheduling purposes Susan Colley will be following the Minister of Health. It is agreeable to Ms Colley and to her counsel and indeed to members of the third party who were next in line for questioning. I would like to thank all those who were involved and agreed to this slight change in the schedule.

### HONOURABLE FRANCES LANKIN

**The Chair:** With us this morning is the Honourable Frances Lankin, Minister of Health. Good morning, Madam Minister.

**Hon Ms Lankin:** Good morning.

**The Chair:** With her is her counsel, Mr Cavalluzzo. Good morning.

**Mr Cavalluzzo:** Good morning.

**The Chair:** Madam Minister, in our proceedings we have administered an oath to everyone who is giving testimony in this matter and I would like to invite the clerk to administer the oath at this time.

Frances Lankin, sworn.

**The Chair:** Madam Minister, prior to our counsel, Patricia Jackson, commencing questions, I would just like to inform you that in the event that you are asked a question which you cannot properly answer without divulging confidential information, could you or your counsel please advise this committee? If an answer cannot be given without divulging such information, then this committee can proceed on an in camera basis where that question and answer may be dealt with. I just give you that warning as one which has been given to all witnesses who have come before this committee.

**Hon Ms Lankin:** Yes, thank you. I understand.

**The Chair:** Having said that, it is the structure of this committee that our counsel, Patricia Jackson, will commence questioning, after which time there will be a rotation from caucus to caucus. At that, I would invite Ms Jackson to start the questioning.

**Ms Jackson:** Thank you, Mr Chairman. Ms Lankin, I understand you have been the Minister of Health since April 1991 and that you took the position following the resignation of Evelyn Gigantes.

**Hon Ms Lankin:** That is correct.

**Ms Jackson:** Before that you were the Chair of the Management Board and the Minister of Government Services.

**Hon Ms Lankin:** Yes, and I retained the portfolio of Chair of Management Board for some time into the summer of last year in addition to the portfolio of Minister of Health.

**Ms Jackson:** But you did not retain that portfolio following the summer.

**Hon Ms Lankin:** That is right.

**Ms Jackson:** And you are, I understand, in your first term as a member of the Legislature.

**Hon Ms Lankin:** That is correct.

**Ms Jackson:** An initiation of fire.

**Hon Ms Lankin:** Absolutely.

**Ms Jackson:** You finished your educational career with a BA in psychology and criminology?

**Hon Ms Lankin:** Yes.

**Ms Jackson:** And following that and until you took up your present position in the cabinet you were, in the following order, a day care director, a correctional officer, a probation and parole officer, an economic researcher, an equal opportunity coordinator at OPSEU, a member of the Workers' Compensation Board appeals tribunal and a provincial negotiator with OPSEU.

**Hon Ms Lankin:** The order is a little bit incorrect, but the positions are all correct, and it is the Workers' Compensation Appeals Tribunal.

**Ms Jackson:** Sorry; okay.

Now, in respect of freedom of information, I understand that when you were the Chair of Management Board you had occasion to become somewhat familiar with that legislation. Is that correct?

**Hon Ms Lankin:** Yes. In that portfolio, the Chair of Management Board has responsibility for the office of the freedom of information and privacy commission and responsibility for carriage of the legislation and any amendments to it. During the period of time I was there, there was a parliamentary review taking place with respect to the legislation as well as implementation of the municipal portion of the legislation, so I had the occasion to become both generally and more specifically briefed on the workings of that piece of legislation.

**Ms Jackson:** When you became Minister of Health, particularly given the circumstances under which you became Minister of Health, did you have occasion to discuss with your staff the constraints upon their use, or your use, of personal information?

**Hon Ms Lankin:** Absolutely. To put it in context, of course, Ms Gigantes had resigned over this very issue, breach of confidentiality of private information contained within the Ministry of Health. In my meetings both with the staff who came with me from my former portfolio as well as the staff who were there who had formerly been staff of Ms Gigantes, whom we retained for a period of



time, and directly with the deputy minister and at a later point with the assistant deputy ministers, I made very clear my concern about proper adherence to the legislation and also gave absolute direction that I did not want to be provided with any information of a confidential or private nature unless it was necessary in order for me to carry out my job, and it was a caution. I said: "I don't want too much information with respect to anything that is private or confidential. I'd rather have too little and we'll take it from there."

**Ms Jackson:** Now, you say you gave those instructions specifically to your staff. By that, do you mean the political staff in your office?

**Hon Ms Lankin:** And beyond. I had that discussion very directly with the Deputy Minister of Health, who at that time was Dr Martin Barkin, and at a later larger senior management meeting at which—I cannot guarantee that all the assistant deputy ministers were there, but a senior management meeting, which usually involves having deputy ministers and various directors.

**Ms Jackson:** Now, with respect to the use of personal information, you indicated you told them it should not go to you unless it was necessary for you to do your job. Was there any discussion—did you give any instructions as to when and under what circumstances personal information should go to members of your staff?

**Hon Ms Lankin:** No. I believe that my general statement—although I used "I," the first person, my intent at the time was to convey that caution should be applied and that the mindset should be in place in the ministry that information that was not required should not be passed on, and that it should be screened at each level, myself being the very last level that would get confidential information, in a sense for two reasons: one, to protect the information and, secondly, to protect myself in the position as minister to avoid the kind of inadvertent event that happened to Ms Gigantes.

**Ms Jackson:** I think you have explained to the committee your thinking, but I understand from your answer that in terms of the instructions you gave, the instructions related to what personal information you personally should get, and not your staff.

**Hon Ms Lankin:** Yes. The instructions that I gave to the ministry, at any time I gave it my recollection is that I was talking about myself, "I don't want to see any personal or confidential information unless it is required." The more general instructions that I gave to the ministry and to my own staff in my office were to be vigilant and be concerned about the protection of private information.

**Ms Jackson:** I take it, having given that instruction, you do not know specifically what steps were taken to train the members of your staff or to make them familiar with the constraints on their use of personal information.

**Hon Ms Lankin:** No. I do know that the staff who came with me from Management Board had been exposed to the legislation and the briefings, as had I, and had a fair degree of understanding with respect to the legislation. We also had, subsequent to coming to Health—and it was

some time subsequent, a couple of months; I am not sure exactly when—a briefing around the issue of health issues and privacy of information. The commissioner actually attended such meeting to implore me to think about changes that were required to pieces of health legislation with respect to this issue. We had a discussion there at which staff were present as well. The general training and/or briefing and/or ensuring that people were aware of their responsibilities, I would leave to my executive assistant, Ms Colley.

**Ms Jackson:** Who had come with you from Management Board.

**Hon Ms Lankin:** Yes.

**Ms Jackson:** Had Mr Howard come with you from Management Board?

**Hon Ms Lankin:** Yes.

**Ms Jackson:** Mr Corea had not.

**Hon Ms Lankin:** No.

**Ms Jackson:** I take it, from what you say, you would agree that it would be desirable to have in place a specific policy as to how personal information is to be dealt with within the Ministry of Health.

**Hon Ms Lankin:** Well, there is definitely a policy which is—it is more than a policy; it is a law—that we are not able to reveal that information outside the ministry. With respect to internal policy, within the ministry, again, following the events that happened with Ms Gigantes a stricter, more rigorous application of the policy was put in place, as far as I was informed at the time, in which Dr MacMillan and others in the OHIP branch had their own policies to follow in terms of assessing whether private or confidential information was necessary for whatever events were taking place within the ministry, whatever work was going on. So they put in place their own procedures to follow, to ensure that only necessary information was referred out of the OHIP offices directly.

**Ms Jackson:** And it would be desirable to have such procedures in place throughout the ministry.

**Hon Ms Lankin:** Yes.

**Ms Jackson:** Do you know if any such procedures were in place in your own office?

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**Hon Ms Lankin:** I do not believe there is a policy manual. I do not believe there is anything written down, other than what there is within the ministry in general in the security provisions that have been set out, which my staff would have been aware of. I do not believe we have our own policy directives in that sense. I do certainly have every confidence that the members of staff have been informed both by myself and/or by Ms Colley of their responsibilities to protect private information and the caution. There is not anyone, I would venture to say, within the employment of the minister who was not very aware of the disastrous effects of what happened in the Ms Gigantes situation, so it is something that people are attuned to.

**Ms Jackson:** Oh, I take your point that they are aware of the general issue and the importance of personal information, but in terms of procedures within your office,



there are no procedures that would say, "These are the characteristics of personal information and this is what you should or should not do with it."

**Hon Ms Lankin:** I do not believe there is anything that is written down to that effect, other than the ministry's manual itself.

**Ms Jackson:** All right. Apart from Dr Donahue and the situation that we are going to explore, as you know, through the balance of the morning, are there any other circumstances in which—and this question should not be taken to imply that you got personal information concerning Dr Donahue in this case, because we will explore that for the balance of the morning—are there any other circumstances in which, since you became Minister of Health, you have received personal information concerning a particular doctor?

**Hon Ms Lankin:** None that I can think of.

**Ms Jackson:** Now, turning to the threshold agreement, while you were the Chair of Management Board, as I understand it, you were responsible for the negotiation of the threshold agreement between the OMA and the Ontario government.

**Hon Ms Lankin:** I was the lead minister of three ministers responsible for the negotiations, yes.

**Ms Jackson:** And in that context, then, you became quite familiar with the concept of the threshold and how the government intended that it be implemented.

**Hon Ms Lankin:** Yes.

**Ms Jackson:** And one of the significant elements of that threshold was that there was an exemption for doctors who were on the underserviced area program.

**Hon Ms Lankin:** Yes, that is correct.

**Ms Jackson:** Another feature of that agreement, we have heard, that required some further work was the question of what was included and what was not included in a doctor's income for the purpose of determining the threshold.

**Hon Ms Lankin:** With respect to—

**Ms Jackson:** Technical fees.

**Hon Ms Lankin:** —technical fees or procedural fee codes, yes, that is correct.

**Ms Jackson:** And as I understand it, following the agreement itself, there was considerable work done on what should and should not be concluded as technical fees for the purposes of determining income. Is that correct?

**Hon Ms Lankin:** Actually, that is correct, but it is as a result of concerns that had been raised by certain groups of physicians and individual physicians applying for exemptions in anticipation that they would be affected by the threshold. In particular, the specialty of ophthalmology is one in which I recall we had significant discussions with members of that profession about certain procedural codes in their practice which were more akin to technical codes in other specialists' practices. As a result of those discussions and further negotiations with the Ontario Medical Association, we did arrive at a revised list of technical fee codes which transferred some of what had previously been

treated as procedural codes, which would have been subject to the threshold application.

**Ms Jackson:** Over what period of time did this working out of a revised list of technical fee codes take place, approximately?

**Hon Ms Lankin:** The agreement was signed with the OMA, I believe, in June. I think it was in June of last year, and it would have been within a month and a half to two months after that that the first letters and concerns were starting to be raised by physicians, general practitioners, specialist groups and individuals. My recollection of discussions around this was late summer, September, October.

**Ms Jackson:** And once that revised list of technical codes had been worked out, did you then turn your mind to the question of whether and to what extent you should be granting exemptions under the other provision of the agreement, namely, the ability that you had as minister to give exemptions by specialty or by region?

**Hon Ms Lankin:** Yes, there were quite a number of meetings, during the period of time I am describing, with the Ontario Medical Association and representatives of the ministry working out some of these details, with backward and forward positions being taken, as you could imagine, essentially for the negotiations with respect to the detailed implementation of the threshold clause.

During that period of time there were also certain events or certain occasions we had to look at the application of the threshold in which we were able to find solutions or look for creative ways to deal with the problems that were being presented, which I can speak to later, like the Peterborough cardiology pacemaker clinic.

As a result of those ongoing discussions and actually resolving some of the problems like the ophthalmologists, like Peterborough, and in continued discussions with the OMA, and realizing that in fact the fiscal goal which had been established as what we expected to achieve from the application of the threshold which had been jointly established by the OMA and the government during negotiations, realizing that some of the decisions that we had made would erode the success of that fiscal goal, we arrived at a decision that we would not grant any further exemptions. That was around the beginning of November.

Some time prior to that in the discussions we had arrived at a decision that we would not look at individual exemptions, that we would try and deal with it only by group. After having explored that further, we came to the conclusion that we would not grant any further exemption. That was then later communicated by letter to the OMA, to physicians and to members of the Legislature.

**Ms Jackson:** Now, you said in the context of giving that answer that rather than giving exemptions, you were looking at creative ways of dealing with particular situations. Is that a phrase that you used at the time?

**Hon Ms Lankin:** Yes, it is a phrase that I often use. I push as much as I can for the ministry to look creatively at issues because I have felt sometimes that there have been standard responses to problems and that there is a need for the ministry to be much more responsive to the specifics of



an individual situation rather than to simply respond on the black and white of what the policy may say.

**Ms Jackson:** During this period in which you were considering technical fees and the issue of exemptions, were you also considering the issue of epilation?

**Hon Ms Lankin:** Yes, that had been a matter of on-going discussion from the point in time when I entered the portfolio.

**Ms Jackson:** What was the issue?

**Hon Ms Lankin:** The issue was whether or not we should delist epilation from the schedule of insured benefits.

**Ms Jackson:** What was the decision?

**Hon Ms Lankin:** The decision was that we would delist it and that delisting would be effective, I think, November 15. I think that decision was taken some time or announced some time in October. I am not sure of those dates.

**Ms Jackson:** What was the effect, then, of that decision, if any, on the question of the threshold income for physicians who were engaged in epilation services?

**Hon Ms Lankin:** Again, during the period of time while we were reviewing the threshold and the particular exemptions and the movement of some procedural codes to technical codes, and that this decision was taken with respect to epilation, we also decided that we would therefore exempt any billings over the course of the year that any doctor made that were with respect to epilation from the application of the threshold.

**Ms Jackson:** Do you recall when you took that decision to exempt those billings?

**Hon Ms Lankin:** That would have been prior to the decision in the beginning of November that no further exemptions would be allowed. I do not recall, but I am assuming it would have been in around October, at the time or shortly after we arrived at the decision about delisting epilation.

**Ms Jackson:** Ms Lankin, I would like to explore with you now what you came to learn about Dr Donahue. May I start by asking you to turn up exhibit 10, which is a transcript of an interview with Dr Donahue on November 8 concerning epilation.

**Hon Ms Lankin:** Yes.

**Ms Jackson:** Do you recall whether you saw this transcript or heard of this interview?

**Hon Ms Lankin:** Yes, I recall hearing of the interview around the time or shortly after the interview was given. I absolutely recall seeing the transcript of this in a package that contained the transcript of Dr Donahue's later interview around the thresholds and a briefing note with respect to Dr Donahue and the application of the threshold, dated November 14. I do not recall whether or not I saw the actual transcript of this interview prior to seeing it in that package. It is reasonable that I might have, but I do not recall that.

**Ms Jackson:** Do you have any recollection of the circumstances in which you came to learn or may have come to learn of this before receiving the interview attached to a briefing note?

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**Hon Ms Lankin:** I do not recall exactly. I expect that it was in the course of passing in the hallway and Paul Howard or someone from the communications department of the ministry indicated that there had been an interview with—I do not actually even know that I knew the doctor's name or would remember it at that point in time. But it was a Sudbury dermatologist who was talking about the delisting of epilation and was going to be opening a private clinic to continue the epilation service. It was not at that point in time identified as a problem. It was in fact what we would expect would happen, that the services would be provided on a private basis.

**Ms Jackson:** Let me then take you to the following week, which would begin, I guess, on the morning of Monday, November 11, and ask you to turn to exhibit 28, an e-mail of the morning of the 12th from Mr Corea in your office to a number of people. Did you see that e-mail?

**Hon Ms Lankin:** No. The first occasion I had to see this was when I met with commission lawyers to give discovery of testimony.

**Ms Jackson:** Just to help the committee understand how your office functions, do you have a computer in which you get copies of e-mails?

**Hon Ms Lankin:** There is what is called a dumb computer, as opposed to a smart computer, in my office which I do not use. I do not communicate by e-mail nor do I receive e-mails.

**Ms Jackson:** If information comes to your office by e-mail that someone thinks is information you should have, then how do you get it?

**Hon Ms Lankin:** I am not aware of anyone having ever attempted to send an e-mail to me, because I do not actively participate on the e-mail system. The information I receive is primarily in the form of briefing notes, news clippings or verbal.

**Ms Jackson:** So if something comes in an e-mail that somebody thinks should be passed on to you, they would either do a memo or a briefing note to you, or they would tell you.

**Hon Ms Lankin:** Usually. There may be the odd occasion when they show me or hand me a copy of an e-mail. I do not recall that specifically. I would not preclude that as an opportunity, but I have not seen this one prior to having been shown it by the commission lawyers.

**Ms Jackson:** Apart from being shown the e-mail, were you told of its contents or any of the substance of its contents?

**Hon Ms Lankin:** No, nor was I told of its existence.

**Ms Jackson:** Did you become aware in or around this time, as this e-mail indicates, that Mr Laughren's office, and indeed Mr Laughren personally, were getting calls about the closure of Dr Donahue's office?

**Hon Ms Lankin:** Not that I recall specifically. I did at one point in time, and it was either in the Legislative Assembly or during a treasury board meeting, have a brief discussion with Mr Laughren in which he asked me if I



was aware of the problem that had arisen with respect to the Sudbury dermatologist.

At that point, we had sent out a few days before that the letter with respect to no further exemptions. I think I explained that to Mr Laughren and he raised, very briefly, the issue of the fiscal realities and concerns about that, and yet on the other side concerns about continued delivery of services in the north. It was not an extensive discussion. I think I was under the impression at that point in time that my answer to him about no further exemptions actually was the final answer, and it was not until some time later when the issue became more prominent with respect to the broader Sudbury doctors that I revisited it in my mind.

**Ms Jackson:** Now, in terms of trying to understand when that meeting might have taken place, as I understand it, during the week of the 11th the Legislature was not sitting?

**Hon Ms Lankin:** That is correct; it was constituency week. I think the 11th itself was Remembrance Day. I was actually very sick during this period of time. I was supposed to have attended a Remembrance Day service and ended up at home sick in bed.

On the Tuesday I was in my constituency office—which is the 12th—with constituency appointments in and around my riding. On the Wednesday—my memory is failing me. I know that towards the end of that week there were—oh, I know. It was a very important speech I was delivering to the Ontario Hospital Association. It was their annual convention, and this was actually the thing that I had been focusing on the most. The weekend before, I had spoken to the district health council's annual action centre. These two speeches were sort of cornerstone opportunities for me to provide people with a sense of direction of what was going to be happening around the budget and transfer payments rollout, that we were going to be facing difficult times, that we were going to have to try and rearrange how we did business. It was a very major set of speeches. So that was on the Wednesday morning.

Then I attended estimates for a considerable period of time late into the evening on, I think, the Wednesday and part of Thursday, at which time, because I had been sick and because I was very tired, I had actually booked off an extended weekend and went out of town Thursday at noon for Thursday, Friday, Saturday, Sunday. And I recall hearing about the Sudbury dermatologist, and this is my first recollection of actually knowing his name, on the radio that weekend. There was a report that he had—

**Ms Jackson:** Okay.

**Hon Ms Lankin:** —been public with his announcement about closing his office.

**Mr Elston:** On a point of order—I am sorry to interrupt.

**The Chair:** Mr Elston.

**Mr Elston:** I hate to do this, except that it is causing me some confusion. If Ms Lankin was in estimates, was it in internal estimates as opposed to House estimates? Because if—

**Hon Ms Lankin:** Yes.

**Mr Elston:** It was internal?

**Hon Ms Lankin:** Yes.

**Mr Elston:** Okay, so it was Ministry of Health estimates that you were at.

**Hon Ms Lankin:** Sorry, I should have explained that. I am a member of treasury board and it was a treasury board estimates meeting with other ministries coming forward to present their requests for estimates.

**Ms Jackson:** And this is late on the 13th and on the 14th, is it, the Wednesday and Thursday?

**Hon Ms Lankin:** Yes.

**Ms Jackson:** And that at least would seem—now, just so you have the time frame, if you can look at the back part of exhibit 8 you will see that you appear to have sent letters out to various interested parties announcing the end of the exemption, the prospect of an exemption, on the 13th of November. That would have been the Wednesday, and I think the evidence is from you and from Ms Colley that the decision had been taken some days before.

**Hon Ms Lankin:** Yes, that is correct.

**Ms Jackson:** So it is at least possible that this conversation with Mr Laughren took place in this treasury board estimates meeting on the 13th and 14th?

**Hon Ms Lankin:** It is possible. I cannot place it exactly for you. My best recollection is that it would either have been that treasury board meeting or it would have been the following Monday afternoon or Tuesday morning, afternoon being in the Legislative Assembly or Tuesday morning in a regular treasury board meeting. But I cannot be more specific in its placement except to say that I do recall when I heard the radio reports, because I actually tuned in and listened to the news several times because it was an issue obviously affecting my ministry. My recollection is that I had more information from that radio interview than I had had prior to that. There was some surprise for me in that radio interview, which does not definitely say that I spoke to Mr Laughren following that weekend, but it leads me to conclude that.

**Ms Jackson:** All right. And I am going to come back to that radio broadcast in a moment, but let me just review with you some specific documents and have you advise the committee whether you actually saw the documents.

First of all, could you turn to exhibit 13.

**Hon Ms Lankin:** I first saw this document when I was shown it by commission lawyers.

**Ms Jackson:** And before that had you heard about anything in the document?

**Hon Ms Lankin:** Yes. Subsequent to the Toronto Sun reporter calling our office on the 10th of December and her subsequent article on the 11th of December—

**Ms Jackson:** You learned something.

**Hon Ms Lankin:** I learned something about this memo being in existence, but I had not seen it.

**Ms Jackson:** And had you heard anything about it before the conversations arising from the Toronto Sun reporter's interview?

**Hon Ms Lankin:** No, nothing.



**Ms Jackson:** Then can you turn to exhibit 29, please. Have you seen that before?

**Hon Ms Lankin:** No; the same answer.

**Ms Jackson:** Did you have any awareness from Mr Laughren or Ms Colley or anyone that your office was engaged as a result of the calls that Mr Laughren had been receiving concerning Dr Donahue?

**Hon Ms Lankin:** I did become aware of that at some point in time following either the—it would have been during, I should say, either the week of the 19th of November, which is the week we just talked about, or the following week, which would have been the 25th or so.

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**Ms Jackson:** Nothing; no awareness that you can now recall in the week of November 11?

**Hon Ms Lankin:** No.

**Ms Jackson:** Then could you turn to exhibit 48 please, which is an announcement apparently by Dr Donahue to his patients of his office closing. Do you recall if you saw that?

**Hon Ms Lankin:** I do not recall seeing this. I do recall at some point in time being made aware of it, I think again during that week of the 19th, having heard it on the weekend on the news and then following up on it, but I do not actually recall seeing this particular notice.

**Ms Jackson:** Exhibit 49, have you seen that?

**Hon Ms Lankin:** No.

**Ms Jackson:** Exhibit 50 is an edited version of an e-mail from Susan Colley, concerning her meeting with Mr Decter, to Mr Corea. Have you seen that?

**Hon Ms Lankin:** No.

**Ms Jackson:** Do you recall whether you were told of a meeting between Ms Colley and Mr Decter on that morning? That is the Friday morning.

**Hon Ms Lankin:** No. Again, I was—

**Ms Jackson:** That was when you were away.

**Hon Ms Lankin:** —out of town from the Thursday at noon, Friday, Saturday and Sunday. I returned Monday morning and left very early in the morning for Ottawa and was not back in my office until Monday afternoon, and do not recall ever specifically being made aware of a meeting between Ms Colley and Mr Decter.

**Ms Jackson:** Exhibit 52, have you seen that?

**Hon Ms Lankin:** No, I have not.

**Ms Jackson:** Exhibit 53, have you seen that?

**Hon Ms Lankin:** No, I have not.

**Ms Jackson:** That I think takes us—let me just ask you as well: Were you ever advised of a meeting on November 15 in Sudbury which Mr Laughren, Ms Martel, Ms Murdock and others attended and received a presentation from Dr Donahue, in which he delivered the last salary cheques to his staff?

**Hon Ms Lankin:** I think at some point in time I became aware that a meeting had taken place. I do not recall when that was, but I certainly do not recall the details of it. The events that have been described to me, of Dr Donahue

delivering the cheques for Mr Laughren to deliver, are quite theatrical. It is the sort of thing I think I would remember if I had been told that, so I do not think I got a detailed report of it.

It seems to me that when I started to become aware of the issue, we then moved into trying to determine whether there was a serious problem with respect to service delivery in the north as a result of our policy with respect to the no exemption on the threshold, and whether or not that needed to be revisited. It was in a problem-solving tone and the discussions I had with anyone subsequent to that, Ms Martel and others, were in that respect. I do not recall hearing the details of that November 15 meeting.

**Ms Jackson:** Now, when you were up north on the weekend of the 16th, 17th and 18th—you mentioned that you heard some radio broadcast. I think you said you heard a radio interview.

**Hon Ms Lankin:** No, I do not recall an interview; I recall news.

**Ms Jackson:** All right. What is your recollection of what you learned from those broadcasts?

**Hon Ms Lankin:** That there was a Sudbury dermatologist, that his name was Dr Donahue and that as a result of the OMA-ministry or OMA-government agreement and the specific provision with respect to thresholds, he was threatening to close his dermatology service in Sudbury.

**Ms Jackson:** Now, you said your recollection is that you got more detail than you had had previously. What was new then in what you learned?

**Hon Ms Lankin:** I have the impression that I was surprised by that, because I cannot recall whether I had specific information before. I cannot make that distinction for you. I think the information of a doctor, a Sudbury dermatologist, threatening to close his practice is sort of the kernel of information I remember being surprised by and responding to and being interested in hearing.

**Ms Jackson:** Surprised. Why?

**Hon Ms Lankin:** Pardon?

**Ms Jackson:** Why were you surprised?

**Hon Ms Lankin:** I was on a much-needed day off, listening to the radio and I hear something about the Ministry of Health and about the agreement, so being surprised in that sense of tuning in and listening and not being aware of the information before.

**Ms Jackson:** All right. Then you came back to your office and I think you said went to Ottawa but were back in your office on the 18th, after your visit to Ottawa. Were you?

**Hon Ms Lankin:** The 19th, are we talking about now?

**Ms Jackson:** No, Monday the 18th.

**Hon Ms Lankin:** I returned from Ottawa and then had a course of things. I do not know whether I was actually in my office. I assume I made it for question period. I am not sure about that, but I think I got back for question period that day. Then I would have gone straight in to P and P. I am sorry; without going back and checking my schedule, I cannot tell you what I would have been doing following P and P that night. So I assume I would have had a quick exchange of



coming into my office, dropping off some things, picking up my House books and going out again.

**Ms Jackson:** Could you turn to exhibit 14 in these proceedings, which is a briefing note dated November 14, the prior Thursday. Did you receive that?

**Hon Ms Lankin:** Yes, I did, at some point in time. Along with that, I also received a copy of the transcript of the two interviews with Dr Donahue, one with respect to epilation and the other with respect to the threshold application and his practice.

**Ms Jackson:** Can you look at exhibits 10 and 11 and confirm that those are the transcripts you are talking about?

**Hon Ms Lankin:** Yes. I can only assume I received these on Monday the 18th, before I went into the House or when I returned from Ottawa.

**Ms Jackson:** What did you understand was the purpose in giving you these? What were you to do with them?

**Hon Ms Lankin:** Most briefing notes and those with press clippings or transcripts are to inform me of issues within the ministry or within my office, or by any MPP who has called in, that are identified as potential problem issues or contentious issues, something I may be required to provide further information on to members of the Legislature with respect to during question period, or to members of the media, something that has been reported in the media. For example, over the weekend I had heard this news report about a dermatologist threatening to close his office. That is a news item which one would expect would be followed up by questions from the media in a scrum outside the Legislature or potentially by a member of the Legislature wanting more information during question period.

**Ms Jackson:** In this case, the issue is what is the ministry going to do about this particular issue, Dr Donahue and the potential closure.

**Hon Ms Lankin:** I would assume that would be one of the questions I would be asked: "Are you going to grant an exemption? Is your policy with respect to thresholds going to limit services in the north?" I think there have been members who have asked me that directly, both on the record in question period and privately, so questions and concerns of that nature, "Is this going to cause problems with respect to delivery of northern health services?"

**Ms Jackson:** Part of the question of how the ministry will deal with this issue will depend on whether in fact Dr Donahue is likely to close his practice. That is one of the issues.

**Hon Ms Lankin:** That is one of the issues, yes.

**Ms Jackson:** Whether he is likely to close his practice or not would in part depend on whether his billings are seriously threatened by the threshold. Is that right?

**Hon Ms Lankin:** Whether they are threatened by the threshold, yes.

**Ms Jackson:** So you need to know, to answer that question, what his billings are and how they relate to the threshold.

**Hon Ms Lankin:** To be able to answer the question, is this doctor going to be affected, at this point in time in the

year we would have needed more than that. The ministry would have been able to do a projection within OHIP, but given that we were only partway through the billing year, that could not be a sure thing. For example, the doctor may be intending to take vacation for a period of time. There are a number of things that could mitigate against the billings reaching a threshold if they were projected to head in that direction.

The way in which we handled both this and other issues—because I am sure you will get to it—you will find that in fact the dermatologist was a subissue of the larger Sudbury specialist issue and cardiology was the issue of most concern during this period of time. The way in which we determined to handle it was to ask the individual doctors to sit down with Dr MacMillan and others to go through their individual situations and be able to answer their questions with respect to the threshold.

1050

**Ms Jackson:** Okay. I will come to how you decided to handle it, but right now I am trying to focus on what you would need to know.

**Hon Ms Lankin:** Right.

**Ms Jackson:** It is clear, is it not, that one of the things you would need to know is some best estimate of the impact of the threshold on this doctor's billings?

**Hon Ms Lankin:** Ms Jackson, I am going to have to ask you what you mean by "you would need to know," because I think there are different levels of need to know within the ministry. I think what Dr MacMillan or Eugene LeBlanc would need to know in dealing directly with the doctors or in providing the deputy minister and/or myself with advice as to whether or not the threshold policy was going to cause a serious problem is a different level of detail than either my staff or I would need to know with respect to understanding if the threshold was going to cause a problem and disruption in delivery of services to the north.

**Ms Jackson:** Whoever formulates the response to this situation would need to know that.

**Hon Ms Lankin:** Right, and I would expect that would be done within the ministry.

**Ms Jackson:** All right. And whoever formulates the response to this issue would need to know if his billings are at a level that they are threatened by the threshold. Are his costs so high that the cap on billings is a problem? That person would need to know that, would they not?

**Hon Ms Lankin:** I am sorry; could you restate that question?

**Ms Jackson:** If the billings are likely to run over the threshold, the second issue that is going to determine whether Dr Donahue is likely to close is what the relationship of his costs are to his billings.

**Hon Ms Lankin:** That would be another issue that I would expect would be explored between Dr MacMillan and, for example, in this case Dr Donahue.

**Ms Jackson:** Well, again putting aside how you get it, it is a piece of information whoever is going to address the response from the ministry is going to need to know.



**Hon Ms Lankin:** In a generic case I would say yes to you; in this particular case I would say no. My reason for that, at least as far as I was led to conclude from later discussions with ministry officials about Dr Donahue's situation, is because Dr Donahue had been a member of the underserviced area program and because part of his practice was epilation, which at that time was an insured service that was not subject to calculation for the purposes of the threshold.

There was a question raised in my mind and I think for me, by my discussions with ministry staff, as to whether or not because of those two factors Dr Donahue would in fact be affected by the threshold. So although I do not disagree with you that that could have been one of the things in a general sense—you could look to a whole number of things—in this particular it case appears to me, from my discussions with the ministry, that the first two issues were of more importance and gave rise to a question that should be answered at that level first.

**Ms Jackson:** I think you are saying that when you learned a little bit more about his situation, in that he was on the underserviced area program and you already knew that he was doing some epilation, you had reason to doubt the statement that the threshold was causing him to close his clinic.

**Hon Ms Lankin:** I would say that I had reason to wonder if the threshold was going to affect this doctor and whether or not he was aware of or misunderstood the exemptions under the threshold.

**Ms Jackson:** But in any event you still need to know—sorry; let me try it again. His involvement in the underserviced area program was over in the summer of 1991. You were told that eventually, were you?

**Hon Ms Lankin:** I believe so; August or September, I think.

**Ms Jackson:** You knew he had some epilation services in his practice.

**Hon Ms Lankin:** Yes, I was aware of that as a result of the first interview the doctor gave with the press.

**Ms Jackson:** Whether that combination resulted in a situation of whether he did or did not have a threshold problem would depend on the total level of his billings and what his other services were, would it not?

**Hon Ms Lankin:** Yes.

**Ms Jackson:** So you would need to know what the total level of the billings was. Yes?

**Hon Ms Lankin:** Again, that question was never answered for me, so I do not know that anyone in the ministry approached it from trying to answer that question first. What was drawn to my attention—I assume it was the first thing the ministry reviewed and discovered as well—was that he was on the underserviced area program and that he did perform epilation, which would not be calculated against the threshold, and that therefore that should be explained to him and Dr MacMillan should sit down and have a discussion with him and go over that and look at the rest of his billings, I would presume with respect to being able to answer the questions you have raised.

**Ms Jackson:** In terms of being able to answer those questions, you can get that information from Dr Donahue. That is one place you can get it.

**Hon Ms Lankin:** Yes.

**Ms Jackson:** But you could also get information on Dr Donahue's billings in a year, admittedly by projections, from the OHIP records.

**Hon Ms Lankin:** Yes, I would assume so. I have never seen any records of projections. I do not know how that information is contained within OHIP, but I would presume that from things I have seen like projections of how many doctors in total, in Sudbury or in northeastern Ontario, by projection would be affected by the threshold.

**Ms Jackson:** Similarly, from the OHIP records you could get a sense of what the mix of the services performed by Dr Donahue was in a typical year.

**Hon Ms Lankin:** I would presume that, yes.

**Ms Jackson:** One of the things somebody who is formulating a response on the Dr Donahue issue would want to know is, if Dr Donahue goes out of business, what services go out of business with him? Is that not fair?

**Hon Ms Lankin:** Yes, I think as a general statement. Again, I would like you to be specific in terms of at what level you are talking about it.

**Ms Jackson:** For example, if it were the case—and I am not suggesting it is here—that virtually everything Dr Donahue did was epilation, the ministry has already decided that is not something it is going to be funding through the medical budget. Is that fair?

**Hon Ms Lankin:** Yes.

**Ms Jackson:** Therefore, if it were the case—and I emphasize for those in the room that I am not suggesting it is—but if it were the case that most of Dr Donahue's practice was epilation, his going out of business would not be as serious a concern for the ministry as if most of his practice was, for example, skin cancer.

**Hon Ms Lankin:** Yes, I think that is a fair statement.

**Ms Jackson:** And if a good portion of his practice related to something that could be done in local hospitals or by general practitioners, you would be less concerned about his going out of business than, again, if it were skin cancer, which could not be.

**Hon Ms Lankin:** Yes. Again, in the hypothetical way you are putting it, I agree with you. I do not know whether those kinds of examinations were undertaken with respect to this doctor, because again—

**Ms Jackson:** I take your point.

**Hon Ms Lankin:** —I come back to the first two exemptions having been raised as the reason why we needed to have further discussions with Dr Donahue.

**Ms Jackson:** But in terms of trying to understand what a proper ministry response to this situation should be, those would be important pieces of information.

**Hon Ms Lankin:** Yes, I think that is fair.

**Ms Jackson:** You agree it would not be wrong for your staff, in trying to deal with these issues, to try to get the kinds of information you and I have just been discussing?



**Hon Ms Lankin:** I do not think it would be wrong. It would not be my sense of the first action or the first necessary action. My sense is that my staff would want to have the answer to the question, "Do we have a problem if this doctor closes down?" using your example, Ms Jackson, of because his practice is primarily treating skin cancer and therefore that service would no longer be available. I think my staff would at first want the answer to the question, "Do we have a problem?" I do not think they would require the billing information and would require going through a process to come to that decision themselves. I would assume that review and that decision would be done primarily by ministry staff and that the response to the questions, "Is there a problem?" or, "Is there a reason for further exemption?" or, "Do we look at this?" would be the answers they would be looking for.

**Ms Jackson:** They would be looking for an answer, "Yes or no, we have a problem," but they would also presumably be looking for some indication of why you did or did not have a problem.

**Hon Ms Lankin:** Yes. I do not think that would necessitate, however, doing the examination of the practice or the billings or the various ratio of one kind of service versus another kind of service themselves.

**Ms Lankin:** But they would want to know something about the results of that analysis.

**Hon Ms Lankin:** The results of it, yes.

**Ms Jackson:** And to the extent that the results of that analysis told them something about Dr Donahue's practice, that would be appropriate for them to know?

**Hon Ms Lankin:** Yes. I am not saying the other would be inappropriate. It would just be surprising, because it is not their job to do the decision-making and work of the ministry. They are there to be able to convey answers to questions that we need to know, to me or vice versa.

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**Ms Jackson:** Now, we are in the week of the 18th and you have received this briefing note and the two transcripts and you may already have had a conversation with Mr Laughren—that is a little less clear—and you have heard the radio broadcast, so you now know this issue exists.

**Hon Ms Lankin:** Yes.

**Ms Jackson:** Do you recall during that week whether you had any discussion with Shelley Martel about it?

**Hon Ms Lankin:** I do not know when my first discussion with Ms Martel was. I do recall her at one point in time having very detailed notes of a meeting that she had had with Dr Abdulla, a cardiologist, and I know that my discussions with her were focusing on cardiology. If that helps you or the committee place it in time any, you might be able to be of assistance to me because I do not remember when that first discussion was.

**Ms Jackson:** I am afraid that evidence is not before the committee yet. I cannot help you; I am sorry.

**Hon Ms Lankin:** Okay. The other sort of piece that might help place it eventually—

**Ms Jackson:** I mean, I can tell you that there was a meeting with the cardiologists on November 30, but my sense of what you are telling me—

**Hon Ms Lankin:** No, this is prior to that.

**Ms Jackson:** —is that this was before that.

**Hon Ms Lankin:** Yes, it was prior to that. I can tell you that my first sort of in-depth discussion—I would not have described any of them as truly being in-depth, but my first substantive discussion—let me use that word—with Ms Martel was she was attempting to raise the issue with me about the Sudbury doctors, so in fact this issue had gone beyond Dr Donahue at the time that I had my first discussion with Ms Martel. It was Sudbury doctors in general, and talking in specific about cardiologists. Ms Martel has had a long involvement in support of establishment of a cardiology program in Sudbury and is now a fierce defender of maintaining that service. She was worried that in fact we were going to be losing that cardiology service. She had detailed notes which she wanted to go over with me of a meeting that she had had with Dr Abdulla. She was stressing that she thought he had some very important points to make.

Again, I need to stress that during this period of time, both in terms of the timing of meetings on my schedule and the fact that I was continually getting more and more ill during this period of time, I referred her to speak to Michael Dexter and/or Eugene LeBlanc directly, and believe I called and left a message or directed that Michael should meet with her to discuss her concerns.

I can tell you that in the period of the time of that week that by the Wednesday—I attended a cabinet meeting in the morning—I in fact was so ill that everybody was concerned about it, including members of the opposition coming across the floor to me and saying, "Get to a doctor." My staff unilaterally cancelled the rest of my week and insisted that I leave, as did a couple of people at the cabinet meeting. I left and went home and was in bed for the rest of Wednesday, Thursday and Friday. I had seen a doctor and been put on antibiotics and was in bed for that period of time. I came back into the office on Saturday because I had a full schedule of meetings with groups and associations, people coming in from around the province, that I did not want to cancel. I left immediately after that and went back home to bed and was in bed sick the remainder of Saturday and Sunday.

**Ms Jackson:** So you were home sick from the 20th to the 22nd?

**Hon Ms Lankin:** I am sorry?

**Ms Jackson:** You were home sick from the 20th to the 22nd, Wednesday to the Friday?

**Hon Ms Lankin:** Right, and then Saturday night and Sunday.

**Ms Jackson:** This conversation with Ms Martel, as near as you can recall it, did it take place during that week?

**Hon Ms Lankin:** I am sorry; I do not know. I know that I had a couple of conversations with her the subsequent week, prior to the meeting on the 30th. I do not



know whether the first discussion was this week of the 18th or the week of the 27th.

**Ms Jackson:** In that conversation, was there any discussion that you can recall of Dr Donahue at all?

**Hon Ms Lankin:** I do not recall any, no.

**Ms Jackson:** Did you have any discussion with Sharon Murdock concerning Dr Donahue?

**Hon Ms Lankin:** I had a discussion with Sharon Murdock in the Legislative Assembly, not specifically about Dr Donahue but about all the doctors in Sudbury. I do not recall the day. It was a day in which the OMA dues act was scheduled, I think, for second reading. I do not think we actually got to it that day, but it had been scheduled. I was awaiting that and was preparing, reading through some background notes and preparing myself for that. Sharon Murdock came over and wanted to discuss the Sudbury situation. She did not understand much about the agreement and the thresholds at that point in time.

Because, fortunately, in timing we were going to be doing the OMA dues act, Mr LeBlanc was sitting behind the Speaker's chair at that point in time awaiting this second reading. I suggested to Sharon that the person who could be of most assistance to her in a very immediate fashion would be Dr LeBlanc. I pointed him out and that she could go and talk to him and ask him to explain the thresholds to her, that I could not at that time because I was preparing for second reading. She did that and at some point later that afternoon, evening, returned and said: "Thank you very much. That was very helpful. I understand the thresholds a whole lot better. It will be useful for me in my meetings with doctors in Sudbury."

**Ms Jackson:** Any discussion at all about Dr Donahue?

**Hon Ms Lankin:** I do not recall being specific about any doctor with Ms Murdock. I just do not have that recollection. I recall it being a general request for information about the Sudbury doctors and the thresholds.

**Ms Jackson:** Did you have any further discussion, apart from the one you have already indicated, with Mr Laughren about Dr Donahue in this period, the week of the 18th?

**Hon Ms Lankin:** I do not believe so.

**Ms Jackson:** You have indicated you were in bed for most of the weekend and ill. Were you back and in your office on Monday, the 25th?

**Hon Ms Lankin:** Yes.

**Ms Jackson:** Do you recall the question of Dr Donahue and the Sudbury doctors assuming a greater prominence during that period of time?

**Hon Ms Lankin:** Yes. Again, I do not know exactly when this was, but I recall Ms Colley, my executive assistant, saying: "Frances, you really have to turn your mind to the issue of the Sudbury doctors and the threshold. It is becoming a very difficult issue and we may have a serious problem with respect to our threshold policy. It may be causing disruption, it may be that it will cause disruption of northern health services, and you've got to meet with Michael Decter and with Eugene LeBlanc and you've got to sort out where we're going to head with this."

**Ms Jackson:** Did you?

**Hon Ms Lankin:** Yes, I am sure that week I had several meetings with Mr Decter and Dr LeBlanc. I do not know the times. There are regularly scheduled meetings, which do not always regularly happen, between the deputy, his executive assistant, my executive assistant and myself. I recall at least a couple of those sorts of meetings where Dr LeBlanc was brought in to address this issue.

**Ms Jackson:** During those briefings and meetings was there anything said about Dr Donahue that you can now recall?

**Hon Ms Lankin:** Yes, I believe this is where I became most aware of the issue, that Dr Donahue had been enrolled under the underserved area program and that for that period of time all of his billings would be exempt from calculations for the purposes of the threshold, and that further to that, those epilation services that he performed subsequent to coming out from underneath the underserved area program to November 15, I think the date is, effective date of the delisting of epilation, any services performed with respect to epilation would not have been calculated with respect to the application of the threshold, and therefore there is a question as to whether or not Dr Donahue, one, understands the application of the threshold and, two, whether or not he actually would be affected by the threshold.

I recall this clearly over the course of a couple of meetings because I became very frustrated with this scenario that a doctor may not be affected and yet felt or believed he was affected to the point that he had threatened, and I cannot remember whether he actually did at that point in time carry through with closing down his office.

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**Ms Jackson:** Can you look at exhibit 34, please, Ms Lankin?

Now, this is an e-mail. You have told us you do not generally see e-mails, but were you provided with this kind of information during this period as to the anticipated number of physicians over the threshold in Sudbury?

**Hon Ms Lankin:** I certainly was provided during these meetings, which were earlier than the date of this memo, with the information about the number of general practitioners and the number of specialists in the Sudbury area who, on the basic projection, would be or could be affected by the threshold. I do not recall the information with respect to the case studies that are illustrated in the remainder of this memo.

**Ms Jackson:** So it was clear from the ministry's records that it could do projections as to who would and who would not be affected?

**Hon Ms Lankin:** Yes. This was explained to me, with all the cautions: "One, these are projections; second, we cannot get behind these without actually looking at the doctor's billings, and third, we need to get the doctor's permission for you to have any kind of a public discussion." I, at this point in time, wanted to say, "Can we find out, can we have a meeting or whatever with Dr Donahue so that it can become on the public record whether or not he is actually going to be affected by the threshold?" Because,



as you can understand, I was feeling politically frustrated in terms of dealing with this issue as well as frustrated in terms of knowing if the dermatological services were going to be severely threatened or not.

I do recall that we had specific discussions during this period of time around the issue of privacy and confidentiality of information. More specifically, I remember questioning, "If I wanted the answer to this, how would I get it?" They would have to look at the billings and I would have to be aware of some of the more general billing information which was still confidential. We determined that I did not want to get into that level but that I wanted to cause to have open—the books be opened by the doctors.

I made those suggestions to Ms Martel and eventually we actually wrote directly to Dr Donahue. The deputy minister sent a letter requesting Dr Donahue to open his books. I understood that Dr MacMillan was also going to be speaking to him to attempt to get this agreement and to review the situation so that I could be given assurance, one way or the other, whether this doctor was going to be affected by the threshold. That never occurred.

**Ms Jackson:** But from what you have said, a substantial indication of whether he had a problem or not could have been provided from within the ministry, from its own projections?

**Hon Ms Lankin:** It could have been. It was not in any explicit way. Again, what I recall was that I was told about the fact that he had been enrolled in the underserved area program and I was told about—reminded, because I was already aware that epilation services were not subject to the application of the threshold. I had known through public information that Dr Donahue did provide epilation services. In putting those things together, I think intuitively I came to the conclusion that he may not even be affected. I do not think that was in any way discouraged by the information and discussion that I had with people in the ministry. We did not take it any further than that.

**Ms Jackson:** Did you tell the people in the ministry you had concluded he probably was not affected?

**Hon Ms Lankin:** Not that I concluded he probably was not. We did have a discussion that, "This is a legitimate question as to whether or not Dr Donahue is even going to be affected." Not knowing the answer to this and not having Dr Donahue agree, because he eventually declined to open his books in response to the deputy's letter, I remember continuing to be frustrated by this because in late December when we reached a further agreement with the OMA, with respect to revisions to the underserved area program, the details of which we released last week, to try and address the issue of retention of specialists in underserved areas, I remember hearing a news report in which Dr Donahue said that as a result of that he was going to re-open his office. Because there was no detail in our announcement at that time which would have given him assurance one way or the other that his problem with the threshold, if he had one, would be resolved. I remember thinking, "I wonder whether or not he ever even had a problem," and I still do not know the answer to that to this day.

**Ms Jackson:** I take it from what you said, a source of growing frustration for you was to know whether he really did or really did not have a problem.

**Hon Ms Lankin:** Yes, and very clearly in those discussions with the ministry we had determined that the proper way to ascertain that was to have the doctor's agreement to sit down and review his agreement and to be able to discuss publicly. When he declined that, because we were being very careful about protecting information from me, I never got the answer to that question throughout all of this.

**Ms Jackson:** Without his opening his books and his consent, there is a constraint absolutely on what you can make public about his situation.

**Hon Ms Lankin:** Yes.

**Ms Jackson:** But that does not constrain the ministry from finding out from its own records what his situation is.

**Hon Ms Lankin:** No, and I do not think it actually constrains the ministry from telling me at all. But that was not the way we handled it at that time. We were making that separation because, again, I recall expressing frustration about, you know, "How do we get at this?" and coming from the point of view of not asking for the specifics but asking in general, "What can and can't I know and what can and can't I say?" and those two things being different, determining that I would only want to know what I could or could not say.

**Ms Jackson:** But you, as the minister, have a responsibility for dealing with a problem if it arises.

**Hon Ms Lankin:** Yes.

**Ms Jackson:** Whether or not this was a problem would depend on whether he had a threshold problem.

**Hon Ms Lankin:** Yes, but I remind you that at this time it has assumed an importance because of subsequent events. Dr Donahue and the dermatology services were one case and a subset of the issue of the application of the thresholds in Sudbury in general and in northern Ontario in general. More of the discussion and focus had been on cardiology and on my request for the ministry to pursue solutions, to be creative about how it looked at this. For example, we contemplated looking at an alternative payment plan for cardiology during that period of time. We actually were coming to the conclusion that the underserved area program exemption—the program itself dealing with recruitment—was not perhaps the appropriate exemption because the problem was retention. We actually were entering into discussions with the OMA around revising it, so we were trying to solve the problem.

**Ms Jackson:** I take the point and it is clear that Dr Donahue is not the only thing on anybody's plate. It is clearly the case—you have testified to it and so have others—there are a lot of other significant threshold issues and a lot of other issues facing the ministry. But at this point, clearly one of the problems facing the ministry is Dr Donahue and his situation. It is not the only problem, it may not even be the most important problem, but it is a problem that is getting more and more attention. Is that fair?



**Hon Ms Lankin:** Yes, Ms Jackson, but what I am saying to you is that the focus at that point in time in those meetings is that I was arriving at a conclusion, not specifically because of Dr Donahue but because of the cardiology and the impact on cardiologists, which I could take a moment and describe but I will leave that to you if you want to bring that out, that there actually was a significant problem with respect to the application of the thresholds, the way in which we had relied on the enrolment in the underserved area program to be that exemption for underserved areas. Subsequent to all that, we entered into discussions, negotiations, and reached agreement near the end of December. Further refinements up until last week—

**Ms Jackson:** I understand that.

**Hon Ms Lankin:** Let me finish; I am sorry—which allowed us to address that very issue. That is important in terms of a distinction from how you are asking me the question.

**Ms Jackson:** But in terms of Dr Donahue, the solution to Dr Donahue was to try to get him to open his books, at least to this point, right?

**Hon Ms Lankin:** Yes.

**Ms Jackson:** The reason that was considered appropriate was that you would learn something about his actual situation, whether or not he would be affected adversely and what the ramifications for the community might be.

**Hon Ms Lankin:** I am sorry. Repeat that again.

**Ms Jackson:** You wanted him to open his books to find out how he was actually affected by the threshold.

**Hon Ms Lankin:** Yes.

**Ms Jackson:** And also what the ramifications for the community would be in terms of the services he provided.

**Hon Ms Lankin:** Yes, that is correct.

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**Ms Jackson:** So that was something you wanted an answer to.

**Hon Ms Lankin:** Yes.

**Ms Jackson:** It would help you solve the problem.

**Hon Ms Lankin:** Absolutely, although again I point out to you that these things become subsumed by bigger issues, and the bigger issue became that there actually did appear to be a problem with the application of the threshold. Our focus then was on solving that problem, which would resolve it for Dr Donahue and all the other doctors in Sudbury and beyond.

**Ms Jackson:** That comes later.

**Hon Ms Lankin:** No.

**Ms Jackson:** At the point at which you are talking to Mr Decter and Dr LeBlanc about having Dr Donahue open his books, this looks like a solution, a way of dealing with the problem, having him open his books.

**Hon Ms Lankin:** That certainly—and the other doctors as well.

**Ms Jackson:** At that point in time you could get that information in large measure, not perhaps as detailed but you could get that—

**Hon Ms Lankin:** I am sorry. I am going to have to correct you. You said that came first and these other concerns came later at some time. I am sorry; that is not correct and that is not what I was indicating. During the discussions that took place that week, the focus was on both the individual situations of the dermatologist, of the cardiologist, but also the recognition that there appeared to be a problem that was serious. Were there other solutions? Could we look at something like an alternate payment program for the cardiologists? What was our real problem? It was retention. Should we not talk about the underserved area program again with the OMA? This was all happening at a series of meetings that week at the same time.

**Ms Jackson:** Over that time, that weekend, and I think for a while thereafter, the ministry did pursue efforts to have Dr Donahue open his books, did it not?

**Hon Ms Lankin:** Yes; a letter went out. With respect to what I am saying about the focus on revisions to the underserved area program, and I am talking about the week of November 25 to the meeting on the 30th, the following week, on the Monday in the Legislature I was asked a question by, I believe, Mr Harris with respect to thresholds and the underserved area program. I indicated in my response to him that we were in fact pursuing a review of and potential revisions to the application of the underserved area program. So it is clear that was a matter of discussion at the same time as these other things.

**Ms Jackson:** At the same time, but you are still looking to have Dr Donahue open his books throughout that one, two, maybe three-week period.

**Hon Ms Lankin:** I have said yes several times.

**Ms Jackson:** All right. You say yes, and then you go on to the other, so I want to come back to the open—

**Hon Ms Lankin:** Only because I am trying to prevent you from making an artificial distinction between the two.

**Ms Jackson:** I am not trying to make an artificial distinction, but as long as you want to get the information from Dr Donahue, I am suggesting to you that information is in large measure available in the ministry, correct?

**Hon Ms Lankin:** Yes.

**Ms Jackson:** And the decision for that information not to come to you was your choice, Mr Decter's choice, or somebody else's choice?

**Hon Ms Lankin:** It was my choice. It was in the context of discussion with them, and no one disagreed with that, but it was my choice.

**Ms Jackson:** You specifically said to Mr Decter, "I don't want that information."

**Hon Ms Lankin:** Yes. I pursued this with the questions that I think I indicated: How much am I entitled to know? How much am I or would I be entitled to say? In getting answers that were different to those two things—these are in generalities; this is not with respect to a specific case—"Minister, you are entitled to know anything you want to know about the billings etc; Minister, you would not be entitled to say those things if they are not in the public realm, if the doctors have not agreed to that," at that point I indicated that I only wanted to know what I was



entitled to say but that we should pursue the issue of having the doctors agree to open up their books so we could talk in public about this, because I actually felt there was a real disservice being done to the members of the public as well, particularly in the Sudbury area, if in fact it turned out that the threshold was not going to cause the kind of problem it was being projected it would be by the doctors.

**Ms Jackson:** Can you turn to exhibit 50, please? This is one you have not seen, but you will see in the first paragraph Ms Colley reports she learned from Mr Decter a specific dollar figure of epilation services that Dr Donahue was doing. The specific figure is not there. It is hard for somebody from the outside, Ms Lankin, to understand, if Mr Decter is so willing to give this to your executive assistant, why he did not also give the number to you. Would he not also give the number to you?

**Hon Ms Lankin:** He did not also give the number to me. Because of the way those discussions went and the kind of direction I had given in the past, and that I gave at that meeting about being very careful about what I knew and did not know with respect to confidential information, I can only presume that is the reason the number was not given to me. But in any event, I was never made aware of that number or any other number.

**Ms Jackson:** In your discussion with Mr Decter and Dr LeBlanc, was there any discussion of the kinds of other services Dr Donahue did?

**Hon Ms Lankin:** No. Actually I assumed they were procedures with respect to dermatological speciality services. The reason I make that distinction is because yesterday when I met with you, you asked me about mix of general practitioner services or whatever and I was surprised by your question because I only assumed they would all be dermatological speciality services.

**Ms Jackson:** All right. I would like to just review with the committee what you knew about Dr Donahue, then. By late November you had met with Mr Decter and Dr LeBlanc. The issue had come to your attention in the ways you have described.

**Hon Ms Lankin:** Yes.

**Ms Jackson:** You knew he was a dermatologist.

**Hon Ms Lankin:** Yes.

**Ms Jackson:** And you knew, did you, that he was the only full-time dermatologist in Sudbury?

**Hon Ms Lankin:** Full-time, yes. I was aware of another doctor who provided a service on a part-time basis.

**Ms Jackson:** And you knew he did epilation.

**Hon Ms Lankin:** Yes.

**Ms Jackson:** Did you have any idea how much?

**Hon Ms Lankin:** No. I had an impression that in his claim in closing down his office, he would be laying off 14 staff. I can tell you that in my mind I had an impression that a certain number of those staff would likely be related to the delivery of epilation services, but that was my own impression from knowledge of other epilation services being delivered in doctors' offices.

**Ms Jackson:** Do you recall knowing, in addition to the fact that he had 14 staff, what kinds of staff he had?

**Hon Ms Lankin:** No.

**Ms Jackson:** Or the salary he paid them?

**Hon Ms Lankin:** No.

**Ms Jackson:** You learned that he was on the under-serviced area program in your meeting with Mr Decter. Were you given any documents that reflected that?

**Hon Ms Lankin:** Yes, I had a document which is part of the exhibit.

**Ms Jackson:** Part of exhibit 8, the media package that was distributed on December 5? It contains a listing of specialists on the program.

**Hon Ms Lankin:** Yes. It is just entitled "Specialists on Program." I received that prior to it being put in as part of the package. I did eventually receive the entire press package, I think, on the day itself, on the 5th, but I had pieces of this entire package in the days and perhaps the week prior to that.

**Ms Jackson:** In addition to assuming that he did exclusively dermatological services, and knowing that he did some epilation that seemed to require a large number of staff, did you have any other idea or information about what services he did?

**Hon Ms Lankin:** No.

**Ms Jackson:** Do you have any information that he did any phototherapy services?

**Hon Ms Lankin:** I am sorry, yes. You are prompting me. Yes, I heard he had a phototherapy piece of equipment. It is not of any particular relevance or it is not notable. It is something that happens in a dermatologist's office. But yes, I was aware of that.

**Ms Jackson:** Do you remember where you learned that?

**Hon Ms Lankin:** I think I heard that from the deputy minister.

**Ms Jackson:** Do you remember how it came up?

**Hon Ms Lankin:** I think it was just in discussion. To tell you the truth, I think that was after December 9, when I became aware of the comments Ms Martel had made. I think it was subsequent to that, in discussion. I think it was something that had been heard from somebody in Sudbury. But I am sorry; I cannot be any more detailed than that.

**Ms Jackson:** Do you remember knowing whether or not he was in debt?

**Hon Ms Lankin:** No, I did not know that.

**Ms Jackson:** Did you learn anything about his overhead?

**Hon Ms Lankin:** No.

**Ms Jackson:** Did you learn whether his practice was under review by the ministry or the MRC?

**Hon Ms Lankin:** No, and I cannot give you a detailed answer about when I first heard anything of a possibility of that up to the period of time when the Toronto Star article of January—can you help me? Mr Donovan's article?



**Ms Jackson:** Mr Donovan has an article that was produced on January 26.

**Hon Ms Lankin:** The 26th, in which it quotes Dr Donahue talking about—

**Ms Jackson:** It makes statements about the existence of such a review.

**Hon Ms Lankin:** Right.

**Ms Jackson:** Which have not been addressed—

**Hon Ms Lankin:** That was the first concrete—

**Ms Jackson:** Let me just tell you, the only indication this committee has had in these public sessions about whether there was or was not a review is the allegation in the Star article that there was.

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**Hon Ms Lankin:** Yes, and I can tell you that that is exactly the only indication that I have had as well. If you will give me a moment, I should describe that process. Would it be important for the committee to know what I heard and when about that?

**Ms Jackson:** All right. Why do you not do that now?

**Hon Ms Lankin:** Okay. Following the phone call from Ms Dawson of the Toronto Sun on the evening of the 10th of December, in discussions with Mr Howard who had taken the phone call and had written down the kind of questions Ms Dawson asked and subsequently, the next day, the 11th, in a meeting with Dr MacMillan and hearing from him the sorts of questions that Ms Dawson asked, I was left with the impression Ms Dawson asked whether or not or alleged perhaps that the content of the memo which has been produced from OHIP and had been recalled by Dr MacMillan might have made reference to this. I did not know whether it did make reference or not. All I know is that from the discussions with Mr MacMillan or Mr Howard, one or the other, I gained that understanding that Ms Dawson was alleging this might have been contained in that.

The reason I remember that is, a couple of days later Mr MacMillan—perhaps a day later; the days were very compacted at this point in time—told me in a meeting that he had received a phone call from another reporter who wanted to ask questions about the review process. When I say “another reporter,” I do not mean necessarily that it was not Ms Dawson; I just do not recall who it was, so from “a reporter.”

He explained to me that he declined to talk in any kind of specifics about what was or was not contained in any memo, but gave the reporter background information on the MRC process and the College of Physicians and Surgeons’ involvement, at which point I said to him, “Well, perhaps you should explain that to me,” because I did not know and was unaware of that process, how it worked or that it even occurred.

**Ms Jackson:** And he did?

**Hon Ms Lankin:** He explained that to me and then he said to me, “Minister, you should know that you are entitled to have this information with respect to any doctor if you choose to. You’ve never asked me for that, but I should tell you that you’re entitled to know if you would like to ask

me,” at which point I said, “Dr MacMillan, I don’t want to ask you and I don’t want to know that information with respect to any specific doctor at this point in time or in general. I don’t believe that’s information I should have.”

I should say that I was also at that point very specifically starting to protect myself, to ensure I did not gain any information I had not had prior to Ms Martel’s statements and the revelation of them because I could see the importance of this unfolding.

**Ms Jackson:** We will come back to that. This arose from my question to you about what you knew about Dr Donahue by the end of November when you had had the briefing sessions with Mr Decter and Dr LeBlanc. After you had had those, did you have any further conversation with Shelley Martel? I think you have suggested, in the course of giving that evidence, you had a conversation with her about opening Dr Donahue’s books.

**Hon Ms Lankin:** Yes—not just Dr Donahue; in general. In fact, I recall her very specifically telling me at some point that she had discussed with Dr Abdulla and I think perhaps the other cardiologists and that they were more than willing to do that.

I know I had a further discussion with her that week of the 25th because a meeting had been scheduled for the 30th with a number of local MPPs, ministry officials and doctors. I remember Ms Martel coming to me very concerned—I am guessing it was the Thursday, because on the Friday I assume she would have been back in her constituency office and I would not have had occasion to see her, but I remember her being very concerned because she had heard that Dr MacMillan wanted to cancel the meeting.

I did not know the reason why and called back over it and spoke to someone—I think it was Ms Colley, but I am not sure—to find out for me what was going on. I was informed that Dr MacMillan had thought this meeting would be unnecessary because there was a meeting scheduled for some time the following week and he did not think it was necessary to go up twice.

Ms Martel had explained to me that in fact this was a very important meeting she had set up, wanted some answers for some of the doctors in that area and wanted this exchange to take place, and that she and other MPPs would be unable to attend the subsequent meeting that was being set up. This was very important to her. I called back and gave direction, either through my executive assistant or directly through the deputy minister’s office, to instruct that I thought it was very important that Dr MacMillan and Dr LeBlanc both attend this meeting on the 30th and that I wanted the meeting to go ahead.

**Ms Jackson:** Was there any discussion of Dr Donahue in that conversation?

**Hon Ms Lankin:** No. The conversation was only about the meeting and the potential cancelling of the meeting.

**Ms Jackson:** Up until the events post-December 5, did you have any other discussion with Shelley Martel concerning Dr Donahue?

**Hon Ms Lankin:** I cannot recall any of the conversations I had with Ms Martel spending any kind of detailed time talking about Dr Donahue. I would be surprised if the



topic was not touched on in the context of the Sudbury doctors in general, but I do recall specifically how much time and attention she spent in raising the concerns about the cardiologists. Although there were other specialists besides the dermatologists who were raising concerns, it really was the cardiology group that she was focusing on in her discussions with me.

**Ms Jackson:** Do you remember learning anything about Dr Donahue's situation that you did not already know in those in-passing references, if there were any?

**Hon Ms Lankin:** In which time period again, now?

**Ms Jackson:** We are now talking from the period of November 25 forward.

**Hon Ms Lankin:** To?

**Ms Jackson:** December 5.

**Hon Ms Lankin:** No.

**Ms Jackson:** Do you recall telling her anything about Dr Donahue's situation?

**Hon Ms Lankin:** No. I might have said, "Information about the underserviced area program and the epilation and therefore there is a question as to whether or not Dr Donahue will be affected by the threshold but we need to ask him to open the books." It would be logical that I would have said that to her, but I actually do not recall that.

**Ms Jackson:** Could you turn up exhibit 61 in the volume before you, Ms Lankin?

Do you recall either seeing that or being advised of its contents in or around this time?

**Hon Ms Lankin:** No, neither.

**Ms Jackson:** Exhibit 62, the same question.

**Hon Ms Lankin:** No.

**Ms Jackson:** Were you told at some point that Dr Donahue had in fact closed his office?

**Hon Ms Lankin:** I actually do not remember at this point in time whether—as I indicated to you earlier, Dr Donahue, in response to our late December agreement with the OMA around revisions to the underserviced area program and the threshold, I recall him on the news saying that that resolved his concerns and he was going to reopen his office, but I do not ever recall—

**Ms Jackson:** Learning that he had closed it.

**Hon Ms Lankin:** —hearing that he had actually closed it.

**Ms Jackson:** Then on November 30 there was in fact, we have heard, a meeting of the cardiologists and some members of the Legislature in Sudbury. Did you subsequently receive a report on that?

**Hon Ms Lankin:** November 30 meeting: I would have been briefed by Dr LeBlanc, I believe, with respect to that during meetings the following week.

**Ms Jackson:** Was there any reference to Dr Donahue?

**Hon Ms Lankin:** No, not that I can recall. I think—

**Ms Jackson:** And did you—

**Hon Ms Lankin:** Sorry, if I could just continue, I think that I also heard directly from Ms Martel the following week in the Legislature.

**Ms Jackson:** I was going to just ask you if you had spoken to Ms Martel.

**Hon Ms Lankin:** Oh, okay.

**Ms Jackson:** Did you speak to Ms Martel the following week?

**Hon Ms Lankin:** Yes, I did.

**Ms Jackson:** And did you have a conversation with her concerning the Sudbury doctors?

**Hon Ms Lankin:** Yes.

**Ms Jackson:** What did she say?

**Hon Ms Lankin:** She indicated that the meeting on the 30th had been a good meeting and that she was very appreciative of the attendance of the ministry staff and that I had caused the meeting to go forward and not be cancelled. She thought a good exchange of information took place. Some time on the Monday, December 2—is that a Monday?

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**Ms Jackson:** This is the Monday after the meeting?

**Hon Ms Lankin:** Yes, December 2. In the Legislature, I assume during question period, Ms Martel asked me for clarification of some information with respect to some documents she had in front of her that were documents that were eventually contained in the December 5 Sudbury press kit; I think it is exhibit 8 that you have referred to.

**Ms Jackson:** Yes.

**Hon Ms Lankin:** For example, the list of the underserviced area specialists under the program and some other things. I cannot remember what the question was she asked me now in terms of clarification, but she sits behind me and she asked me about something. I stood up and went beside her and took a look at it and we had a discussion. She had either just come from or was just going to a meeting with a couple of doctors in the east lobby. I did not know who those doctors were. I subsequently, from media coverage, know who the doctors were.

**Ms Jackson:** How are you able to locate that in time as being on the Monday?

**Hon Ms Lankin:** I am presuming. Actually, I should make that clear. Because of subsequent media interviews with Dr Hollingsworth and Dr Kosar, which were subsequent to Ms Martel's December 5 comments in Thunder Bay, in which they indicated they had met with her in the east lobby, and because in questioning from commission counsel that date was fixed for me as December 2, I am assuming it was the same day, because I am not aware of any other two doctors Ms Martel met with in the east lobby.

**Ms Jackson:** There was a second meeting in Sudbury on December 5. Did you subsequently receive a report on that meeting?

**Hon Ms Lankin:** Yes.

**Ms Jackson:** The following week?



**Hon Ms Lankin:** No. I do not know from whom I heard about it, but I did hear about the bearpit and Michael Decter's attempt to provide some information, how that was responded to and that it was very much a media event and that there had not been a useful exchange of information. I remember hearing about that, but I am sorry, I do not know whether that was some time on the Friday, although I think I was off in St Catharines-Niagara on a field trip that day. I would have to check my schedule.

**Ms Jackson:** When did you first learn of the incident in Thunder Bay involving Ms Martel, which we now know took place the same night?

**Hon Ms Lankin:** Late morning on December 9.

**Ms Jackson:** That is Monday?

**Hon Ms Lankin:** Yes. I recall that very much because I was very angry to be receiving that information only at that point in time. I had gained the knowledge at that point from Ms Colley and Mr Decter that Mr Decter was aware of this from at least the Friday before and—

**Ms Jackson:** Can we just take this in stages? First of all, from whom did you learn?

**Hon Ms Lankin:** From Ms Colley and Mr Decter. We were about to start a meeting and Ms Colley was called off to take a phone call. I was getting some papers together, and as I was coming back over to the couch and chairs where we were sitting to meet, she came in and—Mr Decter, I think, was just preparing to tell me the same information—she indicated the nature of the phone call she had received from the Premier's office.

**Ms Jackson:** Did she say who in the Premier's office?

**Hon Ms Lankin:** I believe Melody Morrison, but I am not absolutely sure of that.

**Ms Jackson:** What did she say she had been told?

**Hon Ms Lankin:** She had been told that Ms Martel made some kind of statement at a reception, that was heard publicly by a group of people, about Dr Donahue and having seen his file or confidential information with respect to him. That is all I recall in terms of the first piece of information I received.

**Ms Jackson:** Did Ms Colley appear to have known that before?

**Hon Ms Lankin:** No. She appeared to be very surprised. I was shocked and I was about to tell you the reasons why, because I assumed that something of that nature would have been conveyed to me over the course of the weekend by my deputy. Additionally I spent the Sunday afternoon at a cabinet meeting, to which Ms Martel arrived late, but she did arrive. She did spend a fair amount of time out in the antechamber on the telephone. She sits beside me in cabinet, and so I know she is not there. I also chair cabinet, so I am aware of people going in and out.

Through the course of that whole afternoon neither she, nor if anyone one else in the Premier's office were aware of this, conveyed this information to me, and I was very angry, because I assumed I could well have been greeted by members of the media or anyone else on the Monday on this issue and would not have been informed, and I thought that was truly inappropriate.

**Ms Jackson:** You indicated that Mr Decter indicated he had known. For how long had he known?

**Hon Ms Lankin:** I know now, because of further information, that he had known from the Friday. I am not sure I actually knew right then that he received the information from Dr MacMillan on the Friday.

**Ms Jackson:** How did he learn?

**Hon Ms Lankin:** I knew that he was at this conference on freedom of information, and that it was being referred to in the media. Actually you informed me that Dr MacMillan testified that he phoned the deputy and informed him. I was not aware of that, or if I was, I had forgotten it.

**Ms Jackson:** Did Mr Decter tell you what he had done when he learned of this information?

**Hon Ms Lankin:** Well, the discussion immediately went into my questioning the deputy with respect to potential disclosure of confidential information, and the discussion back and forth was: "Do we know? Has anyone who had access to this confidential information revealed it?"

At this point in time I am thinking this information is securely contained within OHIP, and not aware that there has been any other—I am not aware of, for example, the memo that was sent from OHIP and that was recalled, until the Toronto Sun reporter's call, and we can get into that in a minute. At this point in time I am saying: "Was Ms Martel given any confidential information? What's going on? I don't even have any confidential information on this doctor or any of the other doctors. How could she have?"

There was this sort of questioning, and I am assured by the deputy that from his investigation over the weekend or on Friday—I do not know which—speaking to Mr MacMillan and others, that he has assurance no confidential information was revealed to Ms Martel or to anyone else.

I asked him to be assured of that. I said: "I would like you to call Dr MacMillan and get that from him today, and I want it before I go into question period. I want to know for sure whether or not Dr MacMillan or anyone who had access to that information revealed any of that information."

I cannot remember whether Mr Decter told me right at that point in time, "No, I have already done that, and you have that assurance," or whether he actually—I think he actually followed up and called Dr MacMillan and came back and told me, but I am not sure which of those two things, which of course led to my very bold pronouncement in response to a question in question period that no information had been revealed outside of OHIP, where it properly belonged.

**Ms Jackson:** Did Mr Decter tell you whether he had done anything else beyond conduct the investigation you have described?

**Hon Ms Lankin:** I do not recall anything else. I do not recall.

**Ms Jackson:** Did Mr Decter indicate why he had not contacted you earlier to advise you of this incident?

**Hon Ms Lankin:** I do not have a full memory of what he said. I certainly put the question to him; I know that. I think it was that he had taken appropriate steps and spoken



to the people, and was assured that no information had left our ministry with respect to what Ms Martel did or did not say, that that was not an issue for our ministry, that Ms Martel would be dealing with that, and that he felt he could avoid concerning me with it that weekend and that he could speak to me on Monday morning.

**Ms Jackson:** Did you consider that was appropriate?

**Hon Ms Lankin:** No.

**Ms Jackson:** Did you tell him that?

**Hon Ms Lankin:** I think I did.

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**Ms Jackson:** Was there any discussion among you in this meeting as to what you would say about this incident, if anything, in the House?

**Hon Ms Lankin:** No. I do not think I needed to be told that. My questions were to find out whether or not there had been any revealing of confidential and private information, contrary to the legislation and contrary to our responsibilities within the ministry to maintain the confidentiality of that. Having pushed that question and having been assured that there was not a cause to worry, it would be obvious to me that was the response I would give. That is a question I knew would be asked of me. It is a question I was asking and was concerned about.

**Ms Jackson:** Did you have any information at that point as to what Ms Martel would say in the House about this incident?

**Hon Ms Lankin:** No. I think Ms Colley indicated that Ms Martel had—if it was Ms Morrison from the Premier's office who had called, I think she had indicated Ms Martel said she did not receive confidential information. I am not sure about that, but I myself, before entering the Legislative Assembly for question period, directly approached Ms Martel in the east lobby and asked that question of her.

**Ms Jackson:** I am going to come back to that and ask you about her response, but let's just move this forward chronologically. Before you left the meeting, did you learn when the Premier's office had become involved in the incident?

**Hon Ms Lankin:** I may have but I do not recall.

**Ms Jackson:** Do you know what, if anything, the Premier's office did about the incident over the weekend?

**Hon Ms Lankin:** No. The only thing I became aware of—and I am not sure if it was in the course of that meeting or subsequently in speaking with Ms Martel—was that she had had the advice of and had met with a lawyer over the course of the weekend.

**Ms Jackson:** Now, you say you saw Ms Martel on the way into the House. What did you say to her?

**Hon Ms Lankin:** I said: "Shelley, I have to ask you this question very directly. Did you at any time receive or see, or were you told of any confidential or private information either from anyone in the Ministry of Health or from anyone who could have received that information from the Ministry of Health?"

**Ms Jackson:** And what did she say?

**Hon Ms Lankin:** She said no.

**Ms Jackson:** And was that the substance, the sum total of your conversation?

**Hon Ms Lankin:** Yes, because it was sort of late and we were being pressed to get into the House. She was also clearly very upset and had staff with her and was preparing to go into the House. The remainder of what I learned about what Ms Martel had to say was—in the course of that day and the first part of the next day—her answers with respect to questions that were put to her in question period and by the media.

**Ms Jackson:** In the House that day, as you noted, you made a quite specific statement to the House at page 3961 of Hansard. You said, among other things, "I have very specifically asked and received assurances from my deputy minister, who has heard directly from the director of OHIP, that no confidential information with respect to doctors' files and their billings and their incomes has been shared with anyone outside the OHIP department which has proper access to that information. I have not seen it, the Minister of Northern Development has not seen it and no other MPP has seen it." I take it from what you have said that statement was based on the conversation you have indicated you had just had with Mr Decter.

**Hon Ms Lankin:** Yes.

**Ms Jackson:** Now, during the balance of December 9, still the Monday, do you recall having any further conversation concerning the Thunder Bay incident or the potential leak of confidential information within the ministry?

**Hon Ms Lankin:** I do not recall specific conversation. I would have, I am sure, answered questions during question period that day, would have also answered questions from the media following question period. Monday is a normal P and P day. I would have gone to P and P. I do not know what I had subsequent to P and P. I do not know what event I had on that evening.

**Ms Jackson:** At P and P, was there any conversation that you can recall now concerning the Thunder Bay incident or the potential leak of confidential information within your ministry?

**Hon Ms Lankin:** No.

**Ms Jackson:** The next day, Tuesday, December 10, did you meet with Dr LeBlanc and Mr Decter?

**Hon Ms Lankin:** Yes.

**Ms Jackson:** Was there any further discussion at that time concerning the possible leak of confidential information in your ministry?

**Hon Ms Lankin:** Yes. I had been given the assurance by the deputy yesterday that those people involved in—the principal people in my mind were Dr MacMillan and Dr LeBlanc, because I knew that they had been meeting with Ms Martel. I had been given the assurance that no information had been passed on, but it was my opportunity to ask Dr LeBlanc directly, and I asked Dr LeBlanc very directly and his response to me was that he had in no way shared any confidential information.

**Ms Jackson:** Was there any reference during that conversation to the document you now know as an e-mail that went from OHIP to Dr LeBlanc's office and further?



**Hon Ms Lankin:** None whatsoever. This is the amazing thing of this week. I go through two days of being assured that nothing has come out of OHIP. As a result of the call from the Toronto Sun, I find out that this in fact is not the case and I—we will, I am sure, get to that—order a big meeting to hear from people why. I find out that story and come back into the House and then I am hit with another press article with a quote from Dr MacMillan that I did not know about and go back and have to find that out. It was quite an amazing week.

**Ms Jackson:** All right. Still staying on the Tuesday of the amazing week, before you learned about the Sun article or the Sun inquiries that were being made, did you have any further conversation you can now recall about the Thunder Bay incident or the potential leak of confidential information in your ministry?

**Hon Ms Lankin:** Not discussions—again, it was, I think, the subject of question period and of media questioning—other than the meeting with Mr Decter and Dr LeBlanc. I would assume Susan Colley was there as well. I do not recall any other specific meeting or discussion.

**Ms Jackson:** And the only conversation at that meeting was this seeking of assurances from Dr LeBlanc that he had not disclosed any confidential information?

**Hon Ms Lankin:** Yes, and then I believe we are actually still working on trying to resolve the threshold in the underserved area program application.

**Ms Jackson:** Then later that day you became aware of a contact from somebody with the Toronto Sun to somebody in your ministry?

**Hon Ms Lankin:** I became aware of a contact to someone in my office. I was not aware of the contact to someone in the ministry until either later that night or the next morning.

**Ms Jackson:** What did you learn and when did you learn it?

**Hon Ms Lankin:** I was attending a late P and P meeting that evening. It was Tuesday evening. I think the meeting was scheduled to start at 8 o'clock and some time prior to that received information from, I believe, Ms Colley that a reporter had called Mr Howard in my office. I had a sketch of the information given to me at that point in time. My recollection of what I knew then which was—fuller information came either later that night or the next—no, later that night.

What I think I knew then was that a reporter had called and had asked Mr Howard specific information with respect to a memo, that in her questions it was alleged that a memo containing some confidential information about Dr Donahue was circulated in the ministry and then retrieved or recalled by Dr MacMillan. I think I heard that the nature of the questions that were asked gave rise to the concern that the reporter in question had either seen or been told of the contents of a memo, and that was described to me—not that we knew that was the case, but that the questions were so specific, and I was not told what the questions were then, but that they were so specific that it sounded like the reporter either had the memo or someone had told

the reporter something about a memo. I think that is all I knew at that point in time.

**Ms Jackson:** What did you do when you learned that?

**Hon Ms Lankin:** When I was entering the P and P meeting, before P and P had started, I approached Ms Martel and said, "I would like to speak to you, and if you are agreeable I would like to have Mr Agnew attend as a witness to this discussion."

**Ms Jackson:** That is David Agnew?

**Hon Ms Lankin:** Yes, because he was there; we were in the cabinet chamber for the P and P meeting which was about to start. We exited there through to the Premier's suite of offices and I sat down with the two of them and explained that—I should put it in the context that I was absolutely floored at this point in time.

I mean, I now believe there has been some kind of, or potentially there has been, a leak of information. I do not know exactly what but it sounds like it could have been confidential information to a member of the press gallery. I now have a real problem, not to suggest that there is not a general problem going on in that this was an issue in the House about whether or not information had been provided to Ms Martel, but as a result of my assurances from the deputy and as a result of asking Ms Martel directly, I was believing that there in fact had been no revealing of any confidential information outside the ministry. Now I find out that in fact there has been. I am assuming that it has only happened in this period of time—probably that day is the assumption I am making—but I now have a serious problem. I have a leak.

I also have a real question. I need to know more information, I am thinking, about what is alleged was in the memo. But I also now have reason to re-ask the question of Ms Martel, because I have been made aware that a memo, which at least Dr MacMillan thought should be recalled, was circulated in the ministry outside of OHIP, which is different than I have believed up to that point in time. So I explained to Ms Martel and Mr Agnew what I know with respect to this phone call from the reporter, which is still sketchy information at this point in time, but that, one, it appears that there is a serious problem, that there potentially has been some revealing of confidential information to a Toronto Sun reporter, and that, second, it calls into question the kind of response Ms Martel has given to this point in time.

I said: "I want to very clearly ask you the question again, and it is the reason that Mr Agnew is"—this is more familiar—"the reason that David is here. Shelley, I have to ask you and I have to have from you directly, did you ever see or receive or were told"—and I went through all the various permutations of that—"any confidential information that emanated from my ministry in any way?" She said directly, "No, Frances, I did not." I pursued a second question with her at that point in time to try and satisfy myself.

**Ms Jackson:** The second question is one I have reviewed with you and advised the Chair will have to be dealt with in camera.

**Hon Ms Lankin:** Okay, I would like to say that we will give the specifics to the members in camera, but at this



point in time I have heard two days, in question period, of Ms Martel's answer, which was a very scripted and repetitive answer about this not being based on or founded in truth; I cannot remember the exact words. So it would be natural for me to want to say: "How would you have come to this impression? Why did you say what you did?" Ms Martel gave me an answer, which I can provide to you and

to the committee in camera, which actually satisfied me, which sounded plausible.

**Ms Jackson:** All right. The Chairman has advised me it is time to break for lunch, and we will come back—

**The Chair:** Seeing it is 12 o'clock, we will recess until 2 pm.

The committee recessed at 1204.

## AFTERNOON SITTING

The committee resumed at 1406.

**The Chair:** We will call the afternoon session of the standing committee on the legislative assembly to order. Ms Jackson.

**Ms Jackson:** Thank you, Mr Chairman. Ms Lankin, later on December 10, following your meeting with Ms Martel, did you learn anything further about what had apparently been leaked to the newspaper reporter?

**Hon Ms Lankin:** Actually it was during the course of the meeting with Ms Martel and Mr Agnew. My executive assistant, Sue Colley, joined us and gave a more detailed description of what she knew at that point in time had transpired in the discussion between the reporter and Mr Howard, and I think she might have had some more information with respect to the conversation between the reporter and Dr MacMillan. I am not sure if I knew that that night or it was the next morning I got more detail on that.

**Ms Jackson:** What then did you decide to do?

**Hon Ms Lankin:** Well, I found myself needing to make it very clear to the people who were in the room. I thought that was the appropriate thing to do.

**Ms Jackson:** You needed to make it very clear to whom?

**Hon Ms Lankin:** To the people who were in the room, which was Ms Martel, Mr Agnew, and Ms Colley at this point in time, that I saw this as a very serious event, that there was in my view a potential or possibility that there had now been a leak of information, a revealing of confidential information to a reporter from the press gallery, that steps would need to be taken for me to investigate and to conduct a full investigation. I indicated a series of directions to Ms Colley at that point in time. I think I went back and for the record asked Ms Martel one more time while Ms Colley was there. I am just not sure when Ms Colley entered.

**Ms Jackson:** You asked Ms Martel one more time what?

**Hon Ms Lankin:** I am sorry, whether or not she had received any confidential information and all the permutations of that question, either seen, received, viewed, whatever, and her answer was no.

Then I gave a series of directions to Ms Colley. I wanted a meeting convened first thing the next morning with the deputy, Mr LeBlanc, and Mr MacMillan, and I wanted options to be prepared and ready for me with respect to what steps of investigation could be taken. I did not know whether we would be looking at an investigation involving police as a result of a breach of the statute or a potential breach of the statute, whether it would be just the freedom of information commission, so I wanted options prepared for me for that meeting for the morning.

I wanted the appropriate people—at this point in time I did not know where this alleged memo had gone—to the best of our ability to be gathered and in that room. I wanted Ms Colley to explore with all the members of my staff whether or not any of them had been in receipt of or

known any of this information and what had been done with that information. Similarly, I wanted it conveyed to Mr Decter that I wanted that kind of information available for me from members of the ministry staff at the meeting the next morning.

There may have been a couple of other things, but it was in that sense of: "We have a serious problem. I am taking control of this. This is my responsibility within the ministry, along with the deputy, to behave appropriately." I was distancing myself from anything else that was going on with respect to Ms Martel's comments or with respect to the Premier's office or anything. I was making it very clear that this was a responsibility for me to undertake in the Ministry of Health.

**Ms Jackson:** Did you then have a meeting the following morning?

**Hon Ms Lankin:** Yes. I think there were perhaps two meetings. I am not sure that—I think the 8 o'clock meeting was with—or the very early meeting, I should say, was with Mr Decter and perhaps Mr LeBlanc and others. I do not think Mr MacMillan could get there in time for that and it was subsequent to that, midday, let's say, before I came over to the House for question period—that is for sure—that I met with Mr MacMillan. I think he had to come from Kingston to attend that meeting.

**Ms Jackson:** In the morning meeting, the 8 o'clock in the morning meeting, what were you told that you had not heard earlier?

**Hon Ms Lankin:** I am sorry, I cannot remember a distinction at this point in time between the two meetings. The majority of the information that I received that day took place in the meeting at which Dr MacMillan was present, and others. I do not remember what happened first thing in the morning, whether or not it was a long meeting or whether it was simply a meeting because I had demanded that it be first thing in the morning and people were saying: "But Dr MacMillan won't be here. Should we have the full meeting then?" So I do not really recall the difference. I could lead into what I remember before I went into question period that day over the course of the morning, the information that I had received that I had not had before.

**Ms Jackson:** When Dr MacMillan arrived, he joined you and Mr Decter and Dr LeBlanc in a meeting, did he?

**Hon Ms Lankin:** There was a meeting in the minister's boardroom and there were others there.

**Ms Jackson:** Who were the others?

**Hon Ms Lankin:** Diane MacFarlane was there. I believe Paul Howard was there.

**Ms Jackson:** Diane who?

**Hon Ms Lankin:** I think it is MacFarlane.

**Ms Jackson:** McArthur?

**Hon Ms Lankin:** McArthur, yes. Thank you. Paul Howard from my office; I believe Susan Colley would have been there. Rob Smalley might have been there, my legislative assistant. It would be normal for him to be with



me in a regular contentious issue briefing before going into the House, and this was certainly a contentious issue briefing. Kimberly Bain might have been there. She is from the contentious issues unit. I think she was; I do not remember directly. It was a large group.

**Ms Jackson:** By the end of the two meetings, the early one and the larger later one, what had you learned that you had not known before?

**Hon Ms Lankin:** I had a clear impression of the exchanges between the Toronto Sun reporter and Mr Howard of my staff and Mr MacMillan of the ministry staff. In the course of that I developed a keener sense of what it was being suggested was contained in the memo. From Dr MacMillan I was informed of the details of the memo which had been produced by Mr Teatero, how it had been sent from OHIP with the approval of Mr McBride, I think the name was, who was acting in Mr MacMillan's place because he was in Toronto on that day, that it had come to Dr LeBlanc's office and a small group of people were involved in a meeting the following day which Mr MacMillan was at.

He reviewed the contents of the document and felt that there was sensitive information beyond what was required for the situation and was agitated about that having been produced from OHIP and sent into the ministry and that he had requested the memo be retrieved from all involved. At this point in time, what I had known from Mr Howard was that there was a suggestion it had come to his office but he had been away and had not received it at all and at some—

**Ms Jackson:** How did—did he say that?

**Hon Ms Lankin:** Pardon?

**Ms Jackson:** Did he say that?

**Hon Ms Lankin:** He told me that he had received a notice from Denise Allen and Maurice Jones about a profile of Mr Donahue to come, on the 13th of November, I think, if I have got my dates right, and that—I am not sure of the date of that. You showed me that one, did you not?

**Ms Jackson:** Exhibit 13.

**Hon Ms Lankin:** So on the 13th of November—and that he had been away when it is alleged that this memo that had come, prepared by Mr Teatero, was circulated and that he did not know what the memo was and, from the questions that had been asked by the reporter, did not recognize it. What he did subsequently receive was the November 14 briefing note, which we have also referred to here. To his way of thinking, that was what he was given notice he would receive and he received something. So it was some time either in the course of that meeting with Dr MacMillan or later that day in a subsequent meeting with Dr MacMillan that I learned in going over the facts that perhaps a copy of this had been taken up to Mr Corea in my office. At that point in time I could not check that out because Mr Corea had left for vacation, and I instructed Ms Colley to attempt to locate him on his vacation to question him about this.

In terms of other information I had not been aware of before, I think that is the extent of it.

**Ms Jackson:** You said that Dr MacMillan told you the details of what was in the memo. Did he actually tell you what the memo contained or the kind of information it contained?

**Hon Ms Lankin:** He actually did not tell me either of those things. He told me what the reporter alleged it contained and he indicated to me that there were enough similarities to give him cause for concern that the reporter at the very least had been told about the content of the memo, but in fact that there were some inaccuracies in what the reporter alleged was in the document, so he had drawn the preliminary conclusion that the reporter did not actually have a copy of the document but had simply been told about the document and its contents.

**Ms Jackson:** Who did you understand, after these meetings, had received a copy of the document? You have told us that Mr Howard, you learned, might have, but then confirmed he had not. You had heard that Mr Corea might have and you could not take steps to deal with that until later. Was there any other information conveyed to you as to who had received the e-mail?

**Hon Ms Lankin:** Yes. I was informed that it had been sent to Mr LeBlanc's office, that Mr LeBlanc and his executive assistant, Diane McArthur, would have had access to it, that the people who were attending the meeting the next day, at which the memo was discussed and Mr MacMillan asked it to be retrieved, included Denise Allen, Maurice Jones and I believe, for a short time, Helen Ambrose. I have been told that a copy was sent to someone in the deputy's office, and I do not know who that was now; I cannot remember.

**Ms Jackson:** Tiina Jarvalt?

**Hon Ms Lankin:** It could have been Tiina, but I am sorry, I do not remember who it was.

**Ms Jackson:** Anyone else?

**Hon Ms Lankin:** No. I believe that was it, and I was told that all copies had been retrieved, including the copy which supposedly went to Mr Corea. I could not confirm that with him, but Diane McArthur informed me in that meeting that it had been returned.

**Ms Jackson:** You said that you had asked for a series of options to be prepared for you. Did you, following these meetings, in fact take a decision on a course of action?

**Hon Ms Lankin:** Yes, we determined that we would request the freedom of information commissioner to investigate. That was the best advice that the deputy made to me, and I took his recommendation on that and asked him if he would prepare that letter and send that letter before question period that day, which was done.

1420

**Ms Jackson:** Were you ever told what was in the e-mail that you had been discussing that day?

**Hon Ms Lankin:** No, and in fact, again, I took very careful steps from this point on to ensure—I knew I had had no confidential information. So it was impossible for me to have been involved in any form of revealing confidential information, whether it be to the media—which probably not very many people would suggest I had



done—or whether this continued to be followed up with respect to any possibility of Ms Martel having received confidential information. Just from my past experience, both in administrative law and with the justice system, I knew that the appropriate and wise thing for me to do would be take steps to protect myself so that I would not discuss evidence with anyone, I would not gain knowledge of information I did not have prior to the events etc, so I could be in a position like this to answer the questions and not have accusations made that there was collusion or anything else.

**Ms Jackson:** It follows, I think, from what you just said, but I want to ask you specifically: Have you ever seen the e-mail?

**Hon Ms Lankin:** I have seen an edited version shown to me by commission counsel, I guess.

**Ms Jackson:** Is that exhibit 44?

**Hon Ms Lankin:** Actually I do not think I have ever seen this one shown by commission counsel. I think I was confusing this with one of the other memos you showed me. But no, I have never seen this.

**Ms Jackson:** Have you received back a report from the freedom of information act commissioner as a result of your request for an investigation?

**Hon Ms Lankin:** No, and this is something that is of great concern to me, because at the same time as we had asked the commission to investigate, in the Legislature there was a continued request from members of the Legislature for a parliamentary committee, being this committee here, to be established to investigate this whole issue. When that decision was made—two things; I am sorry.

During the course of the consideration being given to the request from the members of the Legislature, I received a copy of a letter back from the freedom of information commissioner, who made it clear that the focus of his investigation would be on the procedures contained within the ministry. I was quite concerned that in fact it appeared to me that there had been a potential revealing of confidential information and I felt that needed to be the focus of the investigation. How did material leave the ministry, or knowledge of the material, and go to a Toronto Sun reporter? It did not appear to me that the freedom of information investigation was going to get directly at that and I asked the deputy what steps we should take, because I felt this issue was going unattended to.

Subsequently there was a decision made that there would be a parliamentary committee that would look into this. I again spoke with the deputy about: “Do we need to take other action? Should there be an investigation? There appears to have been a potential breach of the statute. Should there be a police investigation?” We determined that with the parliamentary investigation going on, that could be very counterproductive and could be problematic, and I would hope that with information I have given to commission lawyers and others there will be some follow-up or you have already been doing that with respect to the actual leak of information to the Toronto Sun reporter, because I remain very concerned to see whether or not

there is an answer, an explanation we can find with respect to that.

**Ms Jackson:** So in answer to the question whether you have received a report on his investigation from the freedom of information act commissioner, do I take it the answer is no?

**Hon Ms Lankin:** I am sorry, Ms Jackson, there is one further piece of information that I forgot in that. Once the parliamentary committee was established, the freedom of information officer wrote back to us and said that in light of this investigation that was going on, he was, I think, going to await the outcome before determining the next steps. So there is no active freedom of information investigation going on concurrently with this process here.

**Ms Jackson:** Ms Lankin, have you ever taken part in any discussion of how Ms Martel should respond to inquiries concerning this matter in the House?

**Hon Ms Lankin:** No.

**Ms Jackson:** Have you ever taken part in any discussion of how the government should deal with this matter in the House?

**Hon Ms Lankin:** No. The only caveat to that was that I took part in discussions about whether or not a parliamentary committee should be established, which position I agreed with.

**Ms Jackson:** Thank you. Those are my questions.

**The Chair:** Thank you very much, Ms Jackson. We will now continue the rotation, first to the official opposition. I would like to remind all members that after we finish this rotation there will be the need to move into an in camera session with the minister. Following that, we will then recommence with Ms Colley for both some questions by the third party, and then into an in-camera session with Ms Colley, just to give members of the committee an idea as to what is lined up for this afternoon. Having said that, I will then move to Mr Conway.

**Mr Conway:** Thank you very much, Mr Chairman. Do we know how much time—

**The Chair:** There is 50 minutes.

**Mr Conway:** Fifty?

**The Chair:** Yes.

**Mr Conway:** Thank you very much. I will not be using all of that and my colleague Mr Elston I know has some questions. I want to begin, Ms Lankin, by asking you to indicate to the committee how you would characterize your relationship with Sue Colley. She had been your executive assistant when you were at Management Board and moved with you over to Health?

**Hon Ms Lankin:** Yes, that is correct.

**Mr Conway:** How long have you known Ms Colley?

**Hon Ms Lankin:** I have known her in a professional sense since 1980. I have not worked with her directly since about 1981 or 1982.

**Mr Conway:** But you go back the better part of 10 years?

**Hon Ms Lankin:** Yes, I first met her involved in the day care movement around 1979 or 1980.



**Mr Conway:** You have worked together on and off over the 1980s?

**Hon Ms Lankin:** Not directly, but I was a founding member of the Ontario Coalition for Better Child Care and Ms Colley was also a founding member. As activists in that area, we had occasion to work on projects together; the volunteer sort but not direct employment.

**Mr Conway:** Did you know her socially as a friend outside of your professional relationship?

**Hon Ms Lankin:** No.

**Mr Conway:** So she was not a friend that you brought into the office as DA when you joined the cabinet?

**Hon Ms Lankin:** No.

**Mr Conway:** So it was basically a relationship that you had developed in the child care movement throughout the 1980s?

**Hon Ms Lankin:** Yes.

**Mr Conway:** Mr Howard: What can you tell us about Mr Howard? Did you know him prior to your becoming a member of the executive council in October 1990?

**Hon Ms Lankin:** No, I did not.

**Mr Conway:** I am trying to—I find your testimony very interesting, very interesting, and I want to be candid with you and with the committee in saying some things, as I do some cross-examination.

The impression I have had of you, as someone who came to the Legislature in 1990, is the following, and I simply put this on the record because I want to develop some questions around that. I have been struck that in a very short period of time you seemed to take to the legislative business like a fish to water; that in addition to being a newly elected member of the Legislature, you took on quite effectively significant ministerial responsibilities for the government. Those are not easy things to do for a newly elected member of the Legislature and I have thought you have met those challenges quite effectively.

You have always struck me as someone who is very well briefed, tough-minded when you had to be, and very keenly aware of the political environment in which you operated, which I think is one of the reasons why you have been a good minister, a very effective minister. So it is against that backdrop that I now look to the situation before this committee, and want you to ask me if it would be an unfair characterization to say the following.

I think one of the areas where the New Democratic Party has been pathfinding and very effective over, say, the last five years—I think at the time I was in government—was in the whole area of northern health services. I have got a very keen memory of the NDP being extremely effective and active in the whole question of developing and maintaining a good high level of general health services and medical specialties across northern Ontario, where it has been a difficulty in much of the modern period at least. That would be a reasonable characterization, would it not?

**Hon Ms Lankin:** I think that is certainly what I have been told about that period of time. I do not have a personal recollection, not having been here.

**Mr Conway:** Well, I have a very keen recollection of some task forces that the NDP caucus was involved in in the mid-to-late 1980s which focused in on specifically some of the issues that are involved in this inquiry, the medical specialties in northern Ontario.

I am now thinking about the situation in the summer, around the time when you come to the department. You have become minister some time, I think late April after the Gigantes affair, and I thought your testimony was particularly helpful in helping us understand the sensitivity that you felt to the circumstances that caused the departure of Ms Gigantes from the post you now hold; that is, the breach of confidential medical information.

Very shortly after you come to the Ministry of Health, you successfully conclude the framework agreement, which is a major achievement for the new government. But a very short time after that, we understand, on the basis of your testimony and other testimony, there is a concern developing, at least in the Sudbury basin—but there were other areas and you have identified some. I think the Peterborough example has been brought to light but we know that through the summer and early fall, there is a growing concern in the Sudbury basin around what the framework agreement might mean in the minds of some providers, that it might have an unintended impact in terms of certain kinds of medical specialties in northern Ontario, the Sudbury basin specifically. And so the agitation begins.

1430

I say that because it would be my understanding that for New Democratic Party elected members, that framework agreement, if it had that kind of unintended impact of the kind that Dr Donahue goes on to rightly or wrongly point to—and I think we have exhibits which suggest that by October or November he is stating that there is a kind of north-south component in this agreement and that the government has unwittingly formed a policy that has an anti-northern feature and it is going to be very difficult for medical specialists like himself to continue. That is certainly the impression that he is casting widely by the end of October, early November.

So I am just assuming as well that elected members from the New Democratic Party, particularly ones who have been around a while, would find that a significant concern on the basis of their having been members of the Legislature a few years and involved in some of the issues that I spoke of earlier. So we get to November 10 and I am assuming—and I do not think incorrectly but you can correct me—that by the time we get to November 10, November 12, people like Ms Murdock, Ms Martel, certainly Mr Laughren, are feeling the heat around what doctors, Donahue and others, are generating by way of a concern about their interpretation of the framework agreement.

And we know, we have all kinds of exhibits to suggest, that from about November 12 onward, your office is actively involved and rightly so. This is where I need some help. You are the kind of minister that I have described and I do not do it disingenuously, I do it quite honestly. I am trying to understand your testimony of today because I must say I have been very impressed by what you have told us as to your reaction starting about December 11,



when after that Toronto Sun article comes to your attention the gravity of this potential difficulty is immediately obvious to you.

My goodness, I forget your words but I was looking at the morning testimony—"I was absolutely floored at this point in time." And I can well—quoting you from this morning on page 1200-1 and, as you have just told the committee counsel, that you ordered a number of very specific things to be done. That is about December 11 or 12.

But my concern is this four-week period from about November 12 to December 9. Help me understand your testimony because the way I understand what you have told me, and what I know from other sources, from November 12 through to December 10, Mr Laughren's office is keenly concerned and, from my point of view, rightly so. Ms Murdock's office is involved. Ms Martel's office is involved. Dr MacMillan is involved. Dr MacMillan has stated that he was very concerned about the memo—the famous Teatero memo of the morning of November 13—so much so that he ordered its recall on November 14. He knows, LeBlanc knows, Decter knows, Colley knows. Colley and Decter are sharing information by mid-November that is highly sensitive. Corea knows or has had the opportunity to know. The communications branch in the Ministry of Health seems to have had access to the Teatero memorandum. As I say, Decter seems to know. A lot of people: your deputy, your executive assistant, your special assistant for customer relations, some people in the communications branch.

By December 10 Anne Dawson, by virtue of your testimony, knows something significant, and of course Dr MacMillan said that when she called him whatever she said was enough to "blow me off my chair," or words to that effect. A lot of people know some very important information and Frances Lankin does not know and has not heard a scintilla of this—

**Hon Ms Lankin:** I am sorry, you are going to have to tell me what—

**Mr Conway:** —has not heard anything of this at all. She has not heard it from her executive assistant; she has not heard it from Larry Corea; she has not heard it from Paul Howard; she has heard nothing from her deputy; nothing from Eugene LeBlanc, both of whom are intimately involved not just in this, but perhaps my friend here from Bruce is going to develop that the information around this surely also attaches to some of the controversies that you must have anticipated when that framework agreement was being negotiated. But no one tells Frances anything. They tell her absolutely nothing about the breach of the Teatero memorandum. Stop me if I am going too quickly.

**Hon Ms Lankin:** You are not going too quickly, I think you have covered a lot and I have disagreement with a number of things you have said and I am waiting until you finish.

**Mr Conway:** Please disagree.

**Hon Ms Lankin:** I would like to hear what the actual question is.

**Mr Conway:** My actual question is simply this. In that four-week period, the deputy knew—now when I say knew, either knew or clearly had access on the basis of the

documentary evidence now before this committee—either knew or had access to the confidential information contained within the Teatero memorandum. The deputy knew, your EA knew, your customer relations special assistant knew, people in the ministry's communications branch knew, LeBlanc knew, MacMillan knew and was in hyperspace because, as of November 14, he was concerned that this memo existed. All of these people with whom you would be having daily contact on a subject of growing political controversy, on a main subject of the ministry's achievement, the framework agreement, and I am to believe on the basis of what you have told me that between November 10 and December 10 you knew nothing, absolutely and wholly nothing, in this connection.

**Hon Ms Lankin:** Is that the question?

**Mr Cavalluzzo:** Could I just interject before the minister answers. In the history of parliamentary democracy, that could be the longest question of all time.

**Mr Elston:** Not likely.

**Mr Cavalluzzo:** There is a misstatement of the evidence—

**Mr Conway:** I want to be corrected.

**Mr Cavalluzzo:** Okay. The misstatement of the evidence is you made a reference to her executive assistant—

**The Chair:** Mr Cavalluzzo, certainly if you would like to get to where you say there is a mistake, and if you would like to do that very briefly—but there is the opportunity for the minister to respond, Mr Cavalluzzo. I remind you and everyone that certainly members of the committee can pose questions in the way in which they feel is warranted. That is what they are doing and that is their role and their responsibility, certainly in this committee. So if there is a particular point which you would like to bring forth, I will allow that, but I would like, and I think that we all would appreciate hearing the response by the minister.

**Mr Cavalluzzo:** The problem is, the minister was not here when previous evidence was given; I was. The reference that I would make is that you made reference, Mr Conway, that the executive assistant was aware. I would ask you to be far more specific on that because—

**Mr Conway:** I will be more specific. I will draw your attention to exhibit 50 which is absolutely clear. It is very clear to me on the basis of exhibit 50. This is a memorandum dated November 15 at 8:58 in the morning, the morning after Corea—this is a memorandum from Sue Colley to Larry Corea re Sudbury and dermatologists. In that exhibit there are three specific deletions. It is quite clear to me, on the basis of having seen the full memo, that your executive assistant, on the basis of her discussions with Michael Decter last night, knew some very specific things about the matter before this committee, specifically about Dr Donahue. This is November 15. That is the reference to which I was pointing.

**Mr Cavalluzzo:** That is fine. I understand.

**The Chair:** Now that has been made, I will invite the minister to respond.



1440

**Hon Ms Lankin:** Thank you, Mr Chair. Starting off with the beginning of your statement, in which you talked about the issue with respect to northern health care and then the Sudbury doctors becoming heightened and being aware of it in late summer, early fall, that characterization is not my recollection or my knowledge subsequent to this event of when these issues actually came to light and were being worked on. So I think that you have backed up events in a way that is an unfair characterization of what happened.

Second, you talked about dates, things starting on November 10, and then you subsequently talked about November 12. You have used reference to dates November 10 to December 10 and stated that I have in evidence said that I knew nothing at all. I gave rather lengthy testimony this morning about what I knew at what points in time. For example, on the weekend of the 16th and 17th, what I heard with respect to Dr Donahue on the radio, what I had known prior to that with respect to his epilation services, that weekend hearing about his comments of closing his practice due to the thresholds. I have given evidence of the week subsequent to that. What I knew at what time, the week of the 25th; what I knew at what time, the week of December 2.

What I was unaware of, up to and including the first call I got with reference to Ms Dawson's telephone call to Mr Howard, until I got further confirmation of that, I was absolutely unaware of that document which we now have identified as the one prepared by Mr Teatero that was circulated to a small group of people.

Again, I have no knowledge that the deputy minister had any knowledge of that memo. You have indicated that he would have had knowledge of specifics and of confidential information. In my discussions with him I am not sure that he had confidential information on this file, but I do not believe he had knowledge of the memo and in my discussions—again, this is the meeting on the morning of the 11th with people involved in the room—the surprise with which Sue Colley reacted to this information that had come from Anne Dawson; it is my belief that she did not have knowledge of that memo either.

I can tell you that I was very concerned, and in fact angry, and obviously that would be a normal reaction in that situation—to have gone through two days of assurances that no information had ever left OHIP only to find this out. I asked Dr MacMillan very directly. His response at that point in time was that he felt it had been something that was circulated to a small group of people, that there was nothing illegal or incorrect in the legal sense about their having that information, but that he felt it was too sensitive, or sensitive beyond requirement, and had withdrawn it at that point, or ordered its withdrawal, believed that had been accomplished, and believed that was the end of story and that it was not of significance.

I disagree with him on that point; I think it was of significance. I think I should have been told that, at least in the two days prior to this story becoming available from the Toronto Sun. However, I was not, and I became aware of it through the Toronto Sun phone call.

**Mr Conway:** Listen, I can completely sympathize with your anger. I mean, I can just imagine how angry you must have been when you found out. The difficulty I am having is that I have listened very carefully to what you have said and, again, some of us here are probably having more difficulty than we should because we were once ministers.

I try to imagine the situation in which you find yourself. It is just inconceivable to me, given what I know of Sudbury and what I know of this developing controversy, that you were just not beleaguered almost on a daily basis by the members from the Sudbury area. I can just imagine, from my own experience, the number of times members would have come to me with this kind of controversy boiling in a community of that size, and admittedly it came to a boil. But I will tell you, by the end of November it looked pretty hot, and got very hot on the night of December 5 in two places, widely separated.

**Hon Ms Lankin:** Mr Conway, I would say that from the date of about November 25 on that is a more accurate description and, as I have testified in terms of the discussions and the number of occasions on which it became an issue, I have indicated a couple of exchanges that took place that might have taken place before that.

The thing I would ask you to remember is that during that period of time on November 12 I was in my constituency office, and constituency week I was out around the constituency. For the Thursday afternoon, Friday, Saturday, Sunday, having been sick and having been very tired, I took a block of time off and was away. I remained very ill during that period of time and from the 20th—or the Wednesday, if that is the 20th—that Wednesday afternoon through to Friday night I was in bed sick, was on antibiotics, came back in to handle some specific meetings on the Saturday, went back home to bed on the Saturday night and Sunday. People knew that I was very ill during that period of time too, so I also believe that there was a point at which my staff were trying to handle a number of these calls coming in and I was unavailable during that period of time.

**Mr Conway:** I appreciate that, and I can understand that keenly. But I have exhibit 13 which is the famous memorandum. This is the Teatero memorandum of 11:41—sorry, what is the number of this?

Interjections.

**Mr Conway:** Forty-four. It is the memorandum of Teatero of 11:41, the morning of November 13. For me the main question here is: We know this memorandum ought not to have been sent; we know that if Dr MacMillan had been where he normally was it would never have been sent; but it was sent, and it was received in a number of places where it ought not to have been sent. It breached the tight circle of OHIP in a way that Dr MacMillan has described. It was made available to political staff. Whether or not they read it, we will have to decide. The testimony is that Mr Corea scanned it a couple of times and no more than that. We know that somehow Anne Dawson, a few weeks later, finds out, not all of the content, but enough of the content to cause very significant concern in high places.



My main concern in this is that this highly sensitive information, in a department where the minister has just lost her job because this kind of information got out in a way that was inappropriate, is for a period of weeks, from November 13 through to December 10, circulating. It is circulating around and about and you did not see it. You did not even know of its existence. Nobody, for example, ever told you of Dr MacMillan's concern to a point where he ordered its pullback—you never knew that until after December 11.

**Hon Ms Lankin:** Absolutely not, and that was why I was so shocked. One, I had not heard about it at any time prior, and absolutely or specifically I had not heard about it on the Monday or Tuesday, the 9th or 10th while I was busy giving very strong assurances in the House that no information had been circulated beyond.

If I could respond to a couple of things that you said, you talked about this information or this memo being in circulation during these weeks. The information that I had been given was that the memo was produced and sent and withdrawn the next morning and copies of it had all been taken back. Dr MacMillan felt assured, as he explained to me when I asked him why I had not heard of this, why I did not know this had happened, that the situation had been taken care of appropriately.

You also tie in the fact that Ms Dawson became aware of at least this information. My assumption—and I have to admit, this is only assumption—my assumption all along has been that once the larger story with respect to Ms Martel's comments became a public and media interest point on December 9 and 10, with the attention being paid to it in the Legislature, for example, that it was at that point in time that somehow Ms Dawson made contact with someone and received this information. I have always assumed that it was some time on the 10th that she became aware of this. I do not know that to be a fact.

1450

**Mr Conway:** That is actually quite a reasonable assumption. But looking at it from a different perspective, for anyone who has ever been a cabinet minister, a ministerial aide, a good working journalist, the knowledge that exhibit 44 gets into the political staffer's stream is enough to make you understand Dr MacMillan's grave concern on the morning of November 14. "Get it back. It should not be out there." And it is out there, in a way that may very well cause it to jump a fence and get into the press's hands.

**Hon Ms Lankin:** Mr Conway, I want to say two things. I think that both people from the ministry and people from my minister's office staff have come forward and have provided, to the best of their abilities, information for this committee, and that evidence will be judged by the committee. I think the kind of innuendo, and I am perhaps reading this into your comments and perhaps that is unfair, but the innuendo that because someone is simply a member of a political staff or a minister's staff, somehow they would be less concerned with the protection of the privacy of information than someone like Dr MacMillan would be—who I have the highest regard for. I believe the information that has been provided to me from the civil service

and my staff. I think that should be made clear. I believe that these people have provided you with information and you will judge on that.

I suppose, in addition to the time frame in question and where I was or was not, when I was in the office and when I was ill during that period, I can also point out to you—and I am sure that as a former minister you would be very aware of the numbers of issues that the Ministry of Health would deal with—I can also tell you that we were dealing with potential closures of beds and hospitals and layoffs of staff, which are very important and very necessary to deal with in a quick and sensitive manner. I was focusing on preparation for the two major speeches that fall to the DHC Action Centre and the OHA, and there were a myriad of other issues. I could go back to the time and actually get you the details of them, but in the nature of it there was a lot going on, and decisions had to be made about what got brought to my attention and when.

The very last point I think I should make on this to you is that, although I understand from what you are saying you are having problems understanding this, or that this could be the case, I am testifying under oath, and I did not know of the existence of that memo or, at any time, of the contents of that memo. So I need to say that it is difficult for me to explain any more for you why that was the case. But I am telling you that was the case.

**Mr Conway:** I appreciate that. No, I appreciate that absolutely. But you have got to look at it from another point of view too, that your department is embroiled in a significant regional fight with a doctor who is attacking the main achievement—

**Hon Ms Lankin:** Mr Conway, I think that this morning I tried to make it very clear that in fact what we were involved in was trying to resolve a problem and became convinced that there was some legitimacy to what the Sudbury doctors were saying around the threshold and potential interruption of specialty services in the north, which is a different characterization than we were fighting a doctor.

**Mr Conway:** Let me put it this way. I will put the question and you can respond to it. By late November it is quite clear that this Dr Donahue is turning up the heat and there are a lot of people who are rallying to his side. I guess the point I am making is that you can appreciate the temptation, if one were embroiled in a public fight—I am not accusing you of this obviously, but we know this memo has been circulating and it says—you said yourself this morning that you were frustrated trying to separate all the pieces of this out, and I can understand this, the epilation business, the threshold, what applied where, and just trying to get a good database for what was happening.

Well, I have got to suspect—and I am not suggesting this of you, but I am thinking about someone who might be involved at a more junior level—and you are involved in this argument in Sudbury that is becoming more public and more heated. It just seems to me that if I had access to this exhibit 44 I would know some things that of course I would never want to make public—I would not make public. But I will tell you, in a dark corridor where I had to put my cards on the table, boy, I would, for deep background—do



you know what those journalists refer to as deep background, the spin doctors?—"You want to know the real story? This is of course not for attribution, but if you knew what I knew about troublemaker X, where the sacred trust of government policy Y is concerned, if you knew what I knew, you might come to a different conclusion."

You can see my point here in terms of the awareness of this exhibit 44 in that circle, in the context of a fairly heated public debate by late November, early December; how the temptation might be to make some use of the information in exhibit 44. But you say, and I have to accept it, that you did not know in that period.

My next question is to that weekend of December 7 and 8. I will put my wonder on the shelf for a moment. Now we get to the weekend of December 7 and December 8. Ms Martel and Ms Dodds have had their encounter in Thunder Bay. Ms Dodds leaves the meeting, gets on a plane and goes to a conference, ironically sponsored, I guess, or involving the Ministry of Health and touching on the question of the confidentiality of medical records.

At some point in the meeting, where at least Dr MacMillan is present, and I thought perhaps Mr Decter was for a while—I cannot recall that, but I know Bob MacMillan is at that meeting—Ms Dodds decides to tell all of what happened the night before in Thunder Bay.

**Mr Owens:** Mrs Dodds.

**Mr Mills:** Mrs Dodds.

**The Chair:** Order.

**Mr Conway:** Mrs Dodds. Thank you. So by noon on Friday, senior people in the Ministry of Health, one of whom had heart palpitations—my words, not his—three weeks earlier on the day of November 14 when he found out that exhibit 44 was out there and he wanted it back—MacMillan is sitting in this seminar and up comes Mrs Dodds and she makes a speech about a speech the night before. That is Friday.

We know that by Saturday afternoon Ms Martel's staff is phoning people who were in that circle of the conversation and basically saying: "I made it up. I'm sorry." I will not go into what she said, but we know that by Saturday afternoon she is on the phone recanting.

On Sunday, December 8, you are at a cabinet meeting where, I gather, you sit beside Ms Martel. Is that correct?

**Hon Ms Lankin:** Yes. Sorry. I did not realize that was a question.

**Mr Conway:** As I say, I put my wonder about the other events on the shelf for the moment. Now I am at this cabinet meeting on Sunday afternoon, December 8, and we know that Ms Martel is on the phone talking to people up north about, "Sorry, I didn't mean this." You are at a cabinet meeting. She is sitting beside you. How long was that cabinet meeting?

**Hon Ms Lankin:** I do not recall. Ms Martel came late and for the majority of it was not there. But, absolutely, I was the next day not just shocked but very, very angry that, one, I had not received any kind of notification from my deputy minister about this, given that he was now aware of it over the course of the weekend and, second, that I could sit through a cabinet meeting at which for even

however short the portions were that Ms Martel was there—it does not matter to me if it was only five minutes that she was beside me—that I would not have been provided with that information.

**Mr Conway:** But she did not say a thing.

**Hon Ms Lankin:** Absolutely not. I heard about it the next day, at the time that I have testified, and was just in a state of disbelief that no one had told me.

**Mr Conway:** Not a thing.

**Hon Ms Lankin:** No, Mr Conway. Again, not a thing.

**Mr Conway:** No one else said a thing to you either?

**Hon Ms Lankin:** No. I do not know actually what anyone in the Premier's office knew or did not know at that point in time, but the question sure went through my mind the next day: Did the Premier's office know about this? Did Mr Agnew know? Why did no one tell me at this point in time?

**Mr Conway:** Was Ms Melody Morrison at that meeting on Sunday?

**Hon Ms Lankin:** I do not know.

**Mr Conway:** Before I turn it over to—again, that is spectacular testimony for me.

**Hon Ms Lankin:** It was just a spectacular thing to experience. There is not only that. There are two days of me giving absolute assurance of, you know, my belief that I am giving people absolutely correct information that nothing has come outside of OHIP. I find out through a call from the reporter and then subsequently from Dr MacMillan about the memo, something I have never known about. I am shocked and angered at that point in time that I was not told that, at the very least, in the two days preceding the morning of the 11th.

I go into question period. The first question that is asked of me is with respect to a quote from Dr MacMillan. I almost fell off my chair, and I think people know the quote. I think it was placed out of context. Once I read the article, I realized what it had come from. But I did not know about that and I went back after question period to ask Dr MacMillan and people at that point in time what that quote was about and where it came from.

This was a series of two or three days, as you can imagine, where I felt each day I was getting hit by something that I did not know, and I was—"frustrated" is an understatement of how I felt at that time.

1500

**Mr Conway:** Believe me, I, more than anybody in this room, can appreciate your frustration and your anger, when I think that this is a department where we have lost a minister in this kind of an issue just a few months earlier.

My final question comes back to the testimony of this morning. It is 1155-1. You do not have to refer to it, except you gave, I thought, a very clear response to Ms Jackson on this whole business about how it was that you came to give the answer in the Legislature on December 9 to Mr Harris, that very definite response of December 9 in Hansard where you said, "I have very specifically asked and received assurances from my deputy minister, who has heard directly from Dr MacMillan, the director of OHIP,



that no confidential information with respect to doctors' files and their billings and their incomes has been shared with anyone outside the OHIP department, which had proper access to that information." That information was clearly, to put it charitably, incomplete.

**Hon Ms Lankin:** To put it charitably, yes, and believe me, I believed with every ounce of my soul that the information was correct and, as I said, was shocked to find out that for two days I had been giving people incorrect information in the Legislature.

**Mr Conway:** Can I just ask, what kind of relationship have you got with your deputy?

**Hon Ms Lankin:** I have a good working relationship with my deputy. I think the information with respect to the memo and its subsequent retrieval by Dr MacMillan was not information that he had or was aware of, and I believe, from my questioning of Dr MacMillan and his response to me, that he believed he had acted appropriately, which I also believe. His retrieval of the memo, his ordering of that—and I have indicated this to him—I think was absolutely appropriate behaviour in the circumstance. He felt that it was a handled issue at that point in time. I can tell you that I wish I had been informed prior to when I was, but that is the way it unfolded.

**Mr Conway:** I am really having a problem here, because—

**Hon Ms Lankin:** I can tell.

**Mr Conway:** —because, quite frankly, it is a bit of the problem you had on December 11. One has to suspend one's experience and one's judgement to believe some of this.

**Hon Ms Lankin:** Oh, no. I would disagree with you on that point. I think that in a ministry the size of the Ministry of Health, with the number of things going on, it is not suspending belief that something like this could possibly happen. However, there is no way it should have happened. There is no way, at the very least, as I have said, that on December 9 and 10, someone, particularly those people who were involved and received the memo and returned the memo, would not have thought it important to ensure that that was passed—

**Mr Conway:** Let me be less charitable then. I am looking at what you said, and I believe that you said it in good faith, so I have to say, to whom did the minister turn for advice on this enormously sensitive, topical, controversial subject? She turned apparently to her deputy minister and, through him or directly, to Dr MacMillan. Those were the two people who supplied the information for that answer on December 9.

**Hon Ms Lankin:** At the very least, yes.

**Mr Conway:** And Dr LeBlanc probably as well.

**Hon Ms Lankin:** Yes.

**Mr Conway:** Now, either all of or some of or one of those gentlemen was very, very unhelpful in remembering what he had experienced throughout the previous four weeks. Would that be a fair characterization?

**Hon Ms Lankin:** I think that is exactly what I have been indicating, in that I believe during those two days I should have been told. I questioned Dr MacMillan directly. Dr MacMillan indicated to me that he had not remembered this until he got the phone call from the Toronto Sun reporter; that to him it was an issue that had been dealt with appropriately and was of no consequence. In retrospect, he was wrong. It was an issue of consequence, but that is what he believed at the time and that is the explanation he offered me at the time.

**Mr Conway:** And Michael Decter never told you, I take it, until later cross-examination—did he ever tell you about the full contents of exhibit 50, the kind of information he and Sue Colley were sharing three or four weeks earlier?

**Hon Ms Lankin:** I am sorry, I have to look at exhibit 50. I do not know what it is. Exhibit 50 is whited out in a number of places.

**Mr Conway:** You know, it is Sue Colley's note to Larry Corea about her conversation with Michael Decter about the Donahue matter.

**Hon Ms Lankin:** If you are referring to specific dollar figures—in this it appears that there is one that has been whited out—with relation to epilation, no, I never had any knowledge of a dollar figure.

**Mr Conway:** By the way, a full version of this indicates that Michael Decter knew the Donahue file very well. Since he is one of the three people who, when the storm breaks, has briefed you so that you could give this firm answer, I am to believe that he never discussed with you what he knew and had talked to Sue Colley about three or four weeks earlier?

**Hon Ms Lankin:** I am sorry, are you saying he never discussed with me what he knew? In fact, he did. He told me he did not know about the memo. We did not discuss to what extent he knew any specific information. We discussed very clearly that he had not provided any confidential information to anyone outside the ministry. The details of confidential information were not discussed with me prior to this, as you know, and from this point on I take, which is very clearly in light of how this committee is shaping up, appropriate steps to protect myself from getting any other information.

**Mr Elston:** I want to pursue with you, Madam Minister, because I can only now imagine what it must be like to be the Health minister with so many issues probing your mind, you were actually involved with the Ministry of Health before you became minister, were you not? You were the lead minister on the settlement of the doctors' agreement, were you not?

**Hon Ms Lankin:** Yes, that is correct.

**Mr Elston:** So in preparation for those discussions and agreements you would be party to a whole series of bits of information about the effect of the settlement not only on the government and its revenues but probably also on physicians because you would need to know what the public policy issues that might arise would have to be, would you not?



**Hon Ms Lankin:** Yes, that is correct.

**Mr Elston:** So you were pretty well briefed on the effect of the issue of the 3.95% increase in fee schedule. You would be briefed as well on the threshold issue at that point, or not?

**Hon Ms Lankin:** Yes.

**Mr Elston:** Would you and the Minister of Health of the day also receive briefings with respect to the anticipated areas of dislocation resulting from the threshold?

**Hon Ms Lankin:** No.

**Mr Elston:** No anticipation whatsoever that service would be affected by a threshold being implemented on the physicians of the province?

**Hon Ms Lankin:** There were, during the course of those negotiations, a number of permutations and possible variations of the threshold that were explored and from time to time I saw different variations, I guess is the right word, of what that clause could look like. With respect to what information was attached to that around specialists, there was information that was projected and worked out with the OMA about the amount that could be predicted to produce fiscally for the government in terms of the agreement coming back into the government and the number of doctors that it could be expected to affect. But I do not believe there was any discussion that I can recall at this point in time, Mr Elston, about dislocation of services.

**Mr Elston:** In fact, the Ministry of Health was prepared to the extent that it would have isolated on specifically the numbers of people to be affected and probably the areas of practice which would be most likely to be over the threshold, would it not?

**Hon Ms Lankin:** I do not recall seeing that during that period of time. I am sorry, that was—I mean, that was months and months ago now and the events that have followed in my involvement with the threshold issues and the underserviced area program at various points in time may have overtaken my recollection.

**Mr Elston:** Is it true that the reaction to the threshold began almost instantaneously in the area of Sudbury? Do you remember that at all?

**Hon Ms Lankin:** No, I do not. I do remember over the course, as I think I indicated, of a couple of months—a month and a half to two months following the signing of the agreement we started to talk about the issue of the threshold and that doctors were applying for exemption and we were having discussions with the OMA around that, and that is when I started to be involved in giving direction and making decisions with respect to technical—

**Mr Elston:** The issue of cardiology in Sudbury had been hot for a number of months even before November, had it not?

1510

**Hon Ms Lankin:** I am not aware of that.

**Mr Elston:** You had not been told that by anyone?

**Hon Ms Lankin:** No. I do not recall that.

**Mr Elston:** No advice as to that as an issue at all, even though we have heard that Madam Martel had been

interested in cardiologists for some time and had been advocating for an exemption for them and yet you knew nothing?

**Hon Ms Lankin:** I know that—I am sorry?

**Mr Elston:** You did not know of that?

**Hon Ms Lankin:** I do not recall Ms Martel speaking to me about the cardiologists until the time period that we have talked about today.

**Mr Elston:** Even though Dr Abdulla from Sudbury was publicly known to be quite concerned by all of the ramifications of this as an issue there?

**Hon Ms Lankin:** I am sorry, that is the best information I can give you. There were certainly pockets of discontent with respect to threshold that we were dealing with. I specifically remember ophthalmologists. I specifically remember the Peterborough pacemaker clinic. Later, there was an issue with respect to a couple of doctors in Windsor and the issue started to mount. You may well be right, but I was dealing with the issue more on a general basis as we were dealing with the threshold, knowing that there were concerns but not knowing that it was specifically in the Sudbury area until the time period in question.

**Mr Elston:** You recall Peterborough specifically. Why?

**Hon Ms Lankin:** Because it was a situation where we were able to resolve the problem by looking at this creatively. It turned out that in fact it was not the threshold that was a problem. As I recall it, the clinic had assumed some administrative fees that would normally be handled under the hospital's global budget and it was handled either by a grant or by transferring it to the hospital's budget. I cannot recall which it was.

**Mr Elston:** But you knew of it because it was an issue locally in Peterborough, and there had been meetings arranged, I presume, between the Ministry of Health and this particular operation to solve the problem. Is that correct?

**Hon Ms Lankin:** I assume that there had been a meeting. It is not, as an example, an issue that any member of the Legislature raised with me.

**Mr Elston:** Right.

**Hon Ms Lankin:** I came to knowledge of that through Mr Decter and Mr LeBlanc and solutions.

**Mr Elston:** So they told you they had solved this area which was problematic publicly. Is that true?

**Hon Ms Lankin:** I do not know that they told me they had solved it. I interacted with them prior to the solution and gave directions that we should be looking for creative solutions and alternatives to these situations, if that was possible. One of the things in my mind, which did not materialize with respect to the pacemaker clinic but which was initially pursued with the cardiologists as an idea, was the possibility of moving to an alternative payment plan. I have an interest in the issue of whether or not we can develop more alternative payment plans to the fee-for-service system. So those were the sorts of things that I would be looking for in terms of possible solutions.



**Mr Elston:** So while you had been advised by Mr Decter and others that they were successful in Peterborough, they did not advise you at all that they were actually having meetings to deal with the issues of cardiologists and now, in November, if I can take us that far in, meetings concerning Dr Donahue? They did not tell you about those as an issue around the threshold?

**Hon Ms Lankin:** Mr Elston, are you suggesting by the first part of your question that there were meetings with respect to the cardiologists earlier than this period of time in November that we are talking about?

**Mr Elston:** I am suggesting that you got told about the meetings in Peterborough, which you recall very clearly, but you have not been told anything at all of the circumstances in Sudbury where three members had been clamouring in your ministry for information that would help them.

**Hon Ms Lankin:** No, Mr Elston, that is not correct. I did receive information, as I have testified to. I am sorry if I am misunderstanding you. Are you saying prior to November 15 or November 18, in that period?

**Mr Elston:** Minister, what I am saying is this: You know about Peterborough very well, enough to recall for me details of why it is so clear and is an issue for you. But you have not been told by your deputy minister and others senior in the ministry about Sudbury as an issue, according to your testimony. You have told us little bits and pieces which came later to you.

**Hon Ms Lankin:** Later than what, please?

**The Chair:** Allow the question to be put.

**Hon Ms Lankin:** But I need to understand it too, Mr Chair.

**The Chair:** If we would allow the member to complete the question, that might be helpful.

**Hon Ms Lankin:** Okay, thank you.

**Mr Elston:** I am just trying to understand why it is you remember so much about Peterborough and no one thought to tell you very much at all about Sudbury, where there were meetings dealing with cardiologists. Information has come from Ms Colley that Ms Martel had been asking for information; it has come from Mr Corea that she had been asking for information; Mr Laughren had been asking for information, from meetings on November 15 and also from meetings which were to occur on November 30 and then December 5. Why is that you have so much information about the successful resolution of the Peterborough issue but nobody thought to tell you of this brewing and very public issue in Sudbury?

**Hon Ms Lankin:** I would ask that you take the opportunity later to review my testimony from this morning, because I did not indicate that no one thought to tell me about the growing Sudbury issues. In fact, specifically from the date of November 25, from that week on, I was involved in a significant number of meetings about it. I was aware of the November 30 meeting, absolutely, and I was certainly briefed after that meeting. I was acutely aware of the December 5 meeting and was in a number of meetings

leading up to that with Mr Decter and Mr LeBlanc with respect to what information we—

**Mr Elston:** So it really was November 25 that was the key date for you in terms of you being keyed in on the significance of the Sudbury issue.

**Hon Ms Lankin:** In trying to go through that period of time, I became aware, obviously, of the issue with respect to Mr Donahue on the weekend of the 16th-17th by radio. I received briefing notes and transcripts probably on Monday the 18th and was aware of that then. Through the course of that week, as I have indicated to you, from the Wednesday on, I was away ill during that period. I do recall, as I testified, that Ms Colley urged me at a point in time, saying, "You must get into and get involved and get on top of this issue." I am assuming that was when I came back on the 25th from being ill, but I do not know exactly when that was. But my recollection from the 25th on is that I became more actively involved.

I also was aware of the meeting Ms Martel had with Dr Abdulla. As I testified, she had—actually, I am not sure whether Ms Jackson asked me this question or not. She at one point had very detailed notes of a meeting she had held with Dr Abdulla and had expressed to me her concern in that she thought there were very legitimate points raised. I was in the middle of doing something else at this point in time and unable to deal with her directly and I suggested to her that she meet with Mr Decter and/or Dr LeBlanc and called and made those arrangements. I asked the deputy to make sure that he responded and that he would meet with her. So there is a growing knowledge during this period of time, but it is truly the week of the 25th and the week of the 2nd that I become very deeply involved.

**The Chair:** Mr Elston, the time has expired. I will permit one last question.

**Mr Elston:** Just one last question then. It is interesting to have that information for us when we already know from Ms Colley that you had been dealing with the issue of exemptions for underserviced area program physicians prior to this particular time and that you had also been dealing with the issue of de-insuring epilation prior to this particular period of time, yet you had no information at all from the ministry or from anyone else that the underserviced area program physicians were at least publicly causing concern in Sudbury.

You see, it is that sort of difficulty—Ms Colley has already told us that you had made a decision on the UAP. In fact, there was some bit of relish given to the assertions by the questions from the New Democratic Party to Dr Hollingsworth when he was here that said he had been misunderstanding when he came to advocate for an exemption. How is it that you as minister had decided no further exemptions other than under the underserviced area program would take place and you had not been receiving any briefings on the public discontent asserted by either Dr Donahue—I guess he was a little bit later, but certainly by the cardiologists, which had been publicly going on for some six months prior to the middle of November? How is it that you could have made that decision without any of that information?



**Hon Ms Lankin:** I certainly was dealing with the issue of thresholds and exemptions during the period of the late summer and early fall and have testified to that. I honestly do not recollect the Sudbury cardiologists being a public issue during that period of time.

**Mr Elston:** Shelley Martel thought it was.

**The Chair:** Order.

1520

**Hon Ms Lankin:** I am not disagreeing with you if you say that it had been for six months a public issue. I do not know that to be the case and I do not recall that to be the case. In the more general sense of the underserviced area program and the relationship of that to the exemptions and the thresholds and those sorts of things, you are very right, Mr Elston, I was dealing with that, but not in the specifics of the way in which the issue became public in late November.

**The Chair:** Thank you. That completes the questioning from the official opposition. Mr Harnick.

**Mr Harnick:** Thank you, Mr Chairman. Minister, we have on November 13 a memo being authored and distributed within the Ministry of Health. On December 5 we have Ms Martel at a cocktail party where she indicated she made certain allegations that she described as untruths; other people have described that as being a synonym for lying. Shortly after that, within a matter of days, we have got a leak that finds its way into the Toronto Sun. In between Ms Martel making her comments in Thunder Bay and the leak being reported, we have you—I acknowledge with the very best of intentions—indicating that you did not think that there was anything that was out there of a confidential nature that had been leaked from your ministry. We have really those four or five things going on all within a couple of days and then we find out, you know, that in fact there is a leak. It makes its way into the paper. We have a minister who acknowledges that she lied at a public reception. What is the public to think about what was going on within both your ministry and the Ministry of Northern Development?

**Mr Owens:** That is speculation, Mr Chair.

**Hon Ms Lankin:** Mr Harnick, I do not know that that is an answer that I can give with any assurance.

**Mr Cavalluzzo:** Objection, Mr Chairman.

**Mr Harnick:** Well, tell me this—

**Mr Cavalluzzo:** Is he withdrawing the question?

**Mr Harnick:** Well, she said she could not answer it. I am moving on.

**The Vice-Chair:** Thank you, Mr Harnick.

**Mr Harnick:** Were you satisfied with the explanation that Ms Martel gave in Thunder Bay? Let me start this way: Were you surprised at what she said and did in Thunder Bay?

**Hon Ms Lankin:** Yes, I was.

**Mr Harnick:** Was that conduct something that you as a very senior minister of the crown could condone from one of your colleagues?

**Hon Ms Lankin:** Mr Harnick, I am not going to answer questions passing judgement on individuals. That is what the committee is here to do.

**Mr Harnick:** In terms of what Ms Martel did, how did that reflect on your ministry?

**Hon Ms Lankin:** There was clearly the possible conclusion that either an individual in my ministry or my staff or myself had passed on confidential information to Ms Martel. I was obviously very worried about that being a conclusion that someone might draw.

**Mr Harnick:** Do you think, in light of the sequence of events, that that would be an unreasonable conclusion for people to draw?

**Hon Ms Lankin:** In light of the comments that had been made, and until there would be some explanation or some answer as to whether or not that had happened, it would be an obvious conclusion to draw.

**Mr Harnick:** Do you think that Ms Martel's explanation is an explanation that did anything to suggest to the contrary?

**Hon Ms Lankin:** Well, I think that Ms Martel's answer that she did not see confidential information—because I believe she is a person of integrity—is an answer that I accept. It is difficult, with the rest of what Ms Martel has said in question period and to the media, to understand. It was as a result of that that I posed the question that I spoke about this morning, received additional information which was a plausible answer to my way of thinking and which I can discuss with the committee in camera, as I have been instructed by the committee lawyer.

**Mr Harnick:** See, I found it interesting that you yourself were not particularly impressed with her explanation, because in your evidence you described it as scripted.

**Hon Ms Lankin:** Yes, I did.

**Mr Harnick:** That would lead me to the conclusion that you were not satisfied with the explanation that she was publicly giving the Legislature.

**Hon Ms Lankin:** I found it difficult to understand why that was the only answer. I would be searching for more of an answer. I am sure other people were, if they responded like I did. I had the occasion to ask the further question and to receive an answer.

**Mr Harnick:** Why do you suppose she would not tell the Legislature that?

**Hon Ms Lankin:** I believe that is something that I can discuss with you in camera.

**Mr Harnick:** All right, thank you.

**The Chair:** Mr Eves.

**Mr Eves:** Thank you, Mr Chairman. Your House leader has been quoted as saying—I would not want to misquote him, so I am quoting exactly from a North Bay Nugget article of CP wire service February 19th—“‘It's simply a witchhunt and a character assassination,’ he said. ‘That's what the whole process is all about and at the same time they are making a lawyer rich.’” Would you agree with your House leader's description of this committee's activity?



**Hon Ms Lankin:** I have had concerns, Mr Eves. Part of that comes from, I will admit, my own unfamiliarity with this kind of process. This is the first time that I have been elected. I have not seen one of these parliamentary commissions or committees in action up close before. When I had taken the position that I thought that this kind of a committee should be set up, I have to tell you that I was thinking in my own mind of experiences I have had in the past with various administrative law tribunals. I was a panel member of the Workers' Compensation Appeals Tribunal. I have participated in labour arbitrations. I have been involved in various court situations, not frequently but when I worked in the Ministry of Correctional Services. I had a sense of this kind of inquiry, of one that would follow rules of natural justice and due process.

I understand that parliamentary process or inquiry is slightly different. For example, there is not an opportunity for your own lawyer to lead evidence and then cross-examination. I was concerned during the first week of committee hearings that members of the committee were making statements. I read in the press that they had already concluded what they thought the evidence was going to show. I felt that you should at least have had a chance to have the evidence out and heard and reviewed before those sorts of statements were being made.

I raised my sort of sense of anxiety about that with a couple of people and it was explained to me that this in fact is a parliamentary and political process and that it is different than a legal process. I understand those differences now. So I think I had some of those same concerns as the House leader expressed.

**Mr Eves:** Have you ever referred to this committee's deliberations as a witchhunt?

**Hon Ms Lankin:** Yes, I have.

**Mr Eves:** Is your opinion still the same?

**Hon Ms Lankin:** Well, I think that I am being treated very fairly today and I have a sense that the tone has changed somewhat. Again, I was not here during the first week and I do not know exactly what went on, but what I saw in the media was members of the committee giving interviews following a particular person's testimony—on a couple of occasions this was—and indicating an assumption of what the whole result of the hearings would be. I thought that was a very unfair process and had that opinion and used that word, "witchhunt," myself. I think that in the last week or so the tone and the proceedings have changed and I feel more comfortable now.

**Mr Eves:** I might remind you, and perhaps other members of the committee, of the terms of reference of this committee, only one of which delves into the investigation and disclosure of confidential information emanating from the Ministry of Health. The second one I will quote from the Hansard of the Legislature the last day the House sat last December. "An investigation [into the conduct] of the Minister of Northern Development and Mines in Thunder Bay, Ontario, on December 5, 1991, and the events leading up to her attendance in Thunder Bay."

This committee is not only here to decide or try to find out whether or not in fact the Minister of Northern Development

had access to confidential information and shared that. They are also here to inquire and look into her conduct and to decide whether that is appropriate conduct for a minister of the crown. That is part of our terms of reference and I would like to deal with that aspect of the terms of reference of this committee, because the committee does not seem to have spent a great deal of time on that aspect of the terms of reference today.

You know Shelley Martel very well. I have known her since she has been a member of the Legislature. My opinion of Shelley Martel is that she is a very sincere, honest, dedicated, hardworking member of cabinet and always has been. Does Shelley Martel have a reputation for making up things about different individuals that you know of?

1530

**Hon Ms Lankin:** No, I do not believe she has that reputation.

**Mr Eves:** Do you think that Ms Martel's comments that she made in Thunder Bay on the occasion in question on December 5—I believe it was a Thursday—were appropriate comments for a minister of the crown to make?

**Hon Ms Lankin:** Mr Eves, I think I would like to discuss this with the committee in camera when I will be able to explain to the committee what I know of the further plausible answer that Ms Martel gave.

**Mr Eves:** Well, I am having some difficulty. Part of the difficulty I am having is what cabinet ministers of the current government perceive their proper conduct to be and what has been told to them by the Premier or the Premier's office as to how they are supposed to behave, what are the Premier's guidelines, does every member of cabinet fully understand what these guidelines are. I look at a list of a few ministers who are no longer there, because supposedly they did not understand what these guidelines are: Mr Farnan, Ms Akande, Ms Gigantes, Mr Kormos. Now those people are no longer there supposedly because they did not understand what the Premier's guidelines for conduct are. Is it appropriate for a minister of the crown, at a public reception, to make the sort of comments that Ms Martel made? Is that acceptable conduct, as you understand the Premier's guidelines, for a minister of the crown?

**Mr Cavalluzzo:** Objection before the minister answers. Once again, this is the very inquiry that is put before this committee, and I object to the question because surely the witness would be usurping the function of the committee.

**The Chair:** I am sorry, Mr Cavalluzzo, the objection to the question is one which I have some concerns with. Mr Eves can certainly pose the question. As I indicated to the minister at the beginning of the day, if any question is asked which, in her opinion, would require divulging something of a confidential nature, then we can deal with the matter in an in camera proceeding. But as to the question itself, certainly this is a matter which Mr Eves is asking and I see it as a matter of opinion from the minister. But again, if the minister wishes that she cannot—

**Mr Owens:** On a point of order, Mr Chairman.



**The Chair:** Please, if I might finish, if the minister cannot, in her opinion, respond to that question in the proceedings in public, then we can, as she is well aware, deal with this issue in camera.

**Mr Owens:** Mr Chairman, my point of order is that Mr Eves is asking the witness to speculate on the character of another individual. I do not think that that is an appropriate line of questioning for this particular type of hearing or any other type of hearing that this Legislature undertakes.

**The Chair:** Mr Owens, with respect, that is not a question of speculation; it is a question far from, in my opinion, speculation. He is asking a specific question of the minister, her opinion as to a particular term of conduct. It is well within order to ask that question, again reserving unto the minister or anyone who is here before us as a witness that if she cannot respond without divulging, in her opinion, confidential information, then we can deal with the matter in camera. But I am not going to rule that type of question out of order, because it is not a matter of speculation. Mr Eves.

**Mr Eves:** If I might, Mr Chairman, I am not asking the minister to pass judgement on anybody else; I am asking her what her understanding of the Premier's guidelines is. Surely they are not confidential and surely she has an understanding of what those guidelines are. It is a very simple question. Are comments such as those made by Ms Martel in Thunder Bay—do those comments breach, in your understanding of the Premier's guidelines, the Premier's guidelines? Is that acceptable conduct for one of his cabinet ministers? I think the public and everybody has a right to know that.

**Hon Ms Lankin:** Thank you for clarifying that, Mr Eves. I think that the Premier's guidelines probably do not touch directly on these kinds of circumstances, but what I would say is that for someone to lose her temper and to make—for a cabinet minister, because your question is directed there—to lose her temper and to make statements in anger certainly is not what would be contemplated by the guidelines as being appropriate behaviour. It may be understandable but not appropriate. I think Ms Martel has indicated that she believes it was inappropriate and apologized.

**Mr Eves:** I want to go, just for a moment, to the circumstances. I can understand, believe me, your frustration of finding out some of this information on December 10 or 11. Do you believe that Michael Decter and Sue Colley acted appropriately with respect to this manner in keeping you advised of the knowledge they had? You have talked about the cabinet meeting on December 8, when you did not know any of this was going on. You were not really made aware of some of these things until a day or two later. You can correct me as to the exact day. But I do share Mr Conway's—not disbelief. I am not questioning that what you say under oath is true. I am not doing that. I am asking you, having said that, if you believe the actions of your deputy and your executive assistant were appropriate in not keeping you informed or not making you aware of these matters?

**Hon Ms Lankin:** Mr Eves, up until, say, the 5th of December, I believe I was appropriately informed of information by my executive assistant and deputy minister, or appropriately not informed of some information during that period of time.

Over the course of the weekend of the 6th, 7th and 8th of December, when I was not informed by the deputy minister that the events of Miss Martel's visit to Thunder Bay had given rise to a potential allegation of a breach of confidential information from the ministry, I think it was not appropriate not to inform me of that before the Monday morning with respect to my executive assistant. She did not have knowledge of that during that period of time and gained knowledge only moments before I did on December 9.

**Mr Eves:** Mr Cooke has also made quite an issue, in the media at least, about the fees for the committee being paid to counsel and the substantial cost, in his opinion, that this committee is costing the taxpayer of Ontario. Could you please tell me when counsel was engaged to appear to advise the ministry officials, Mr Cavalluzzo, in particular, if you wish, Mr Corea, Ms Colley and yourself? Can you tell me when counsel was engaged, how much counsel was being paid and by whom is counsel being paid?

**The Chair:** Before responding, I see that your counsellor is moving forward with respect to that particular question being in order and appropriate to the terms of reference.

**Mr Cavalluzzo:** Just in terms of getting concerned about the solicitor-client privilege, but it is for the witness to decide whether to waive that privilege or not. If she wants to answer that question, that is fine.

**Mr Eves:** Let me perhaps say something else, Mr Chair. If in fact counsel has been engaged privately and is not being paid for by the taxpayers of the province of Ontario, then I would agree that it is a most inappropriate question and I would gladly withdraw it. If on the other hand, though, the taxpayers of Ontario are paying for it, it is just as appropriate as what counsel of the Legislative Assembly Committee is costing and what Shelley Martel's counsel is costing and what Dr MacMillan's and Dr LeBlanc's counsel are costing the Ontario taxpayers, all coming out of the same pocket.

**The Chair:** I understand Mr Cavalluzzo to say that this is a matter of solicitor-client privilege. I think we all fully recognize that. This question can only be responded to if there is to be a waiver of that particular privilege. Certainly that is up to the minister with her solicitor at her side and I would rule accordingly.

**Hon Ms Lankin:** Thank you. I have no problem attempting to answer the question. I actually do not have all the pieces of that information. The counsel with respect to myself, political staff in my office and ministry staff are in fact being paid for by the government of Ontario and by the taxpayers.

The point in time at which counsel was engaged—I am sorry, I do not know the date of that, but it was very shortly before the hearings commenced. In fact I might be able to get some assistance from my counsel, but I do not know the date. I do remember expecting in fact that we



would use ministry lawyers at that point in time. I did not think that ministry staff or anyone would have need to have anyone involved from outside of government. The deputy minister came to me and informed me, on Mr Gilbert Sharpe's advice—he is the senior legal official within the Ministry of Health—that he in fact is actually employed by the Ministry of the Attorney General on behalf of the government and that it would not be appropriate for him to give any advice with respect to these sorts of proceedings to ministry officials or to myself, and it was recommended that I engage legal counsel.

I rejected this recommendation for some period of time because it seemed to me that this was just getting out of hand, where this was headed. But I was seriously advised that—and particularly because, if I can say it, at that point in time I started to hear back from individuals in the legal community that one member of the committee—I have heard this only second and third hand—was making statements with respect to my involvement in this case that seriously challenged my integrity and credibility. Those statements were being circulated among the legal community in Toronto. That gave me cause for concern, and I finally took the advice to engage counsel at that time.

1540

With respect to the cost, I signed a waiver for the ministry, which will be making the payments on this. It was set out clearly in there that it would be at the regular ministry rate of compensation of legal counsel, but I do not know what that is, Mr Eves.

I also signed in there that, should any culpability be found—this is a standard letter that I believe went to everyone—on my part or anyone's part for which the government had provided funding for legal counsel, we would undertake to compensate the government in return for those dollars.

If I can just say in general, I think the amount of money is an extraordinary amount. This is no reflection on the individuals from the commission who in my experience are working very hard on this hearing, lawyers etc, and preparing and being of assistance to the committee. But I can tell you, and let me be fair, that this is a political statement at this point in time. I spent a week last week travelling around southwestern Ontario and had an incredible meeting with one group that was just looking for a one-time grant of \$45,000, which I am having trouble trying to find within the budget and with all of the constraint going on. I have to tell you, in light of what I know, that those kinds of moneys can do—the speculation about how much this process will cost in the end is of concern to me.

On the other hand, I am tremendously concerned about what has appeared to be a potential leak of information with respect to the Toronto Sun reporter. It is difficult for me to balance out these issues of the costs and trying to get at this information for everyone's benefit, and yet on the other hand the very serious issues of confidentiality.

**Mr Eves:** I just have one or two other questions, Mr Chairman, if I might. One is directly related to, it would appear, a change of heart by the ministry with respect to specialists and their threshold, which was announced late

last week or over the weekend. Can you explain to the committee why another change in policy at this point in time?

**Hon Ms Lankin:** I am not sure of the relevance to this hearing, but I can tell you the chronology of that which would be important to you perhaps. If you recall, in this morning's testimony I referred to the fact that in the meetings that were taking place with Mr Decter and Mr LeBlanc during the period in question, leading up to the end of the first week in November, we were focusing on trying to resolve a problem which was becoming more apparent to me. It was actually a problem of the way in which the threshold was being applied in the underserved area program, focusing on recruitment and not retention.

I referred this morning to my Hansard comments in response to, I believe, a question by Mr Harris on December 2 with respect to the threshold issue in northern Ontario—I believe a North Bay doctor, in fact, he was asking me about—and indicated at that point in time that we were reviewing the underserved area program and looking and having further discussions with the Ontario Medical Association about further refinements to that.

Near the end of December—I do not know the actual date—but you could find press clippings that talked about the fact that the OMA and the government had reached a further understanding with respect to the underserved area program that would attempt to deal with the issue of retention, not just recruitment as the old program did, and that there were some more details of that to be worked out. Those details were worked out over the course of January and the first part of this month. What is in the press as news now is actually only the final technical details of an agreement that was arrived at at the end of December.

**Mr Eves:** I cannot recall the exact wording of the letters—although I know I have copies of them and I know they are filed as exhibits with this committee—you sent out I believe to the OMA, to different members of the Sudbury medical society. November 13 or 14 I believe are the relevant dates.

**Ms Jackson:** November 13.

**Hon Ms Lankin:** Yes. I have them before me, Mr Eves.

**Mr Eves:** I am doing this from memory until I can find the exact letter. It seems to me that letter indicated there would not be any further exemptions.

**Hon Ms Lankin:** Yes, that is correct.

**Mr Eves:** Can you see how the Sudbury physicians as well as other specialists in northern Ontario could be somewhat confused as to the application of the threshold policy to them?

**Hon Ms Lankin:** It depends on what point in time you are speaking of. This decision was arrived at at the beginning of November. Communication had taken place with the OMA at a joint management committee meeting, followed up in writing to the members of the profession, to the OMA as the association and to members of the Legislature to inform them. Following that, I believe it was clear



that there would not be any further exemptions until I began to speak publicly—it would be around the week of December 2—with respect to looking again at the way in which the underserved area program itself was working and the issue of retention versus recruitment of physicians. During the period of time leading up to that, I think it was very clear that there would not be exemptions other than the exemptions that had already been provided for in the discussions with the OMA leading up to the early November decision, which is elucidated on in these memos.

**Mr Eves:** So are you saying—correct me if I am wrong, and I am sure you will—that you decided, in your own mind, to revisit this decision, or program, early in December?

**Hon Ms Lankin:** As the course of the meetings was going on with respect to the effect of the threshold on underserved areas, and particularly talking about delivery of northern services, it became clearer to me, as I pressed more on the issue and as the issue was under discussion, that we had accepted—I had; let me put it in the personal here—I had accepted that the exemption of people on the underserved area program would in fact address that issue. I think it was my lack of understanding—and I became subsequently much more clear—about the difference in the issue between recruitment, which is still a problem with respect to specialists, but retention in particular, and how in fact when people had moved off the underserved area program the issue of retention was still a problem if the threshold was going to be having the impact it appeared it would be having with respect to the cardiologists, for example.

Here was a group which was saying, from the information I had—forgive me if I have the numbers wrong—but I think: “There are three of us and we’ve done a lot of work to try and recruit other specialist cardiologists to come in. We’re not like some professions where it has been accused that we’ve kept people out and we kept the numbers down. We’ve actually recruited people. They’re going to be starting in a few months. It’s only between now and then that this is going to be a problem.” Those sorts of things caused me to look at this again, Mr Eves, yes.

**Mr Eves:** The number, I believe, is five in the Sudbury area in terms of cardiologists. I believe Dr Abdulla was issuing press releases to the media in Sudbury as early as April 29, 1991, and I am looking at some newspaper clippings from Saturday, May 18, Friday, May 10 etc, where different cardiologists in Sudbury were expressing their concern about what they perceived to be, anyway, and they referred to as a threshold fee, in some cases of \$400,000, and in other cases they referred to it as a billing cap. Obviously those words get interchanged. We know they are not exactly, technically correct especially when you are using the words “billing cap.”

1550

It certainly struck me when I read your letter, and I was reading it in a totally different context on November 13 and 14 than had anything to do with Dr Donahue or anybody else. I was appearing, it just so happened around that point of time, at Northern Development estimates as the

critic for Northern Development and questioning Ms Martel because I had asked a question, I believe, of yourself—perhaps not; maybe of Ms Martel—in the House about some specialists that had been in touch with me. I believe they were also from the North Bay area, and one was from Sudbury; I believe it was a cardiologist; it certainly was not Dr Donahue.

**Hon Ms Lankin:** Are you sure, Mr Eves?

**Mr Eves:** Yes, I am positive about that. You can cross-examine me if you wish on that. But it certainly did strike me when I received a copy of your letter that you wrote to Dr Linton, the president of the OMA, and to various other physicians on November 14. It seemed like a quite definite letter to me, that you were talking about a decision not to extend further exemptions, it would be open for review in the planning for the 1993 year but that this year, this fiscal year, there were going to be absolutely no other exemptions given. That certainly concerned physicians, especially specialists in northern Ontario. I just wondered how all that fit into this mix.

It seemed kind of interesting to me, I suppose, that there was a much larger issue out there, in my mind anyway—all kinds of physicians and specialists in different specialties in northern Ontario were experiencing problems—and yet we find that all these people in the ministry were running around worrying about this one particular physician who was a dermatologist who appeared to be quite vocal in the Sudbury media. It seemed to me that perhaps their efforts could have been a lot better expended on dealing with the problem as a whole than singling out one particular doctor and one particular speciality and one particular community.

**Hon Ms Lankin:** There is not a question embedded in there—

**Mr Eves:** No, there is not. It is more of a statement.

**Hon Ms Lankin:** —but let me answer in any event. A couple of things: When you talked about earlier press clippings in April and May, I do not recall specifically Dr Abdulla or any particular doctor, but there were lots. A lot of response was going on to the nature of the agreement itself in the period leading up to ratification and I certainly was aware of the political debate that the agreement engendered within the physician community for and against the agreement and, as we know, the ratification took place. In fact, there was a lot of debate around the process of ratification itself. That became a political issue within the physician community for a period of time within the association.

I think that period of time I distinguish in my own mind not as having been problems that were real yet. I mean, they were problems that were in relationship to the agreement and pro and con the agreement. Over the course of late summer when individual physicians attempted to determine what their individual position would be with respect to the thresholds and started writing for exemptions, the issue started to take more of a focus, and that is when we actually were trying to deal with resolving some of the problems and made changes to the technical fee codes and made some other solutions in some areas.



At a certain point in time we took the firm decision which is communicated in the November 13 letter: no more exemptions. Subsequent to that, as we looked behind the issues that were being raised and being advocated on behalf of northern doctors by a number of members of the Legislature from my own caucus and from your caucus as well and from the Liberal caucus—to be fair, Mr Micalash also raised concerns with me on that—I looked again at the issue of the underserviced area program. I am one who has always said that I am not going to respond to things—in my terminology; I hope no one takes offence—in a macho response that because I have said it, I will not ever change my mind. I do look at issues and I do reflect on them. If there appears to be a problem with a policy that we have put in place, then I will try to address that. In this case I did that and I do believe that there was a problem with the underserviced area program that was brought to light.

The only thing that I would have real concern with what you have said is that during this period of time everyone in the ministry was running around dealing with this—

**Mr Eves:** I did not say everyone. I said several people, I believe.

**Hon Ms Lankin:** Were running around dealing with this one doctor. I assume you are speaking of people who have testified thus far, for example, who were involved in this, from the ministry and from my staff. I can only assure you they were dealing with many, many, many other problems. With respect to the threshold issue, in fact, in my mind at least, the cardiologist issue took prominence over that period of time and the dermatologist was subsumed as one of a number of other specialists in the Sudbury area.

**Mr Eves:** Thank you.

**The Chair:** Thank you very much, Mr Eves. Mr Kormos.

**Mr Kormos:** When Dr Kosar was here, he was telling us about the meeting that he, Dr Hollingsworth and Shelley Martel had in the east lobby of the legislative chamber here when, as I remember it, he, Dr Kosar and Dr Hollingsworth were down to get a lobby with Shelley Martel about the plight, as they perceived it, of doctors in northern Ontario. Dr Kosar told us that at that point in time, and that was at the very beginning of December of last year of course, he was not sure whether a UAP doctor was subject to the threshold or not. I was concerned about how he could not be sure about whether or not UAP doctors were exempted from the threshold, what was going on that could have possibly left him uncertain about that.

**Hon Ms Lankin:** There should not have been uncertainty, but my belief is there was, because I felt during this whole period of time there was a tremendous amount of misunderstanding among northern doctors with respect to the application of thresholds. I would have thought they would have had a clear understanding by that period of time, because there had been ample opportunity for exploring that with the ministry. There had been letters that had gone out, but clearly the nature of the response that was going on, I thought, indicated there was misunderstanding.

**Mr Kormos:** What was the status of UAP doctors at that point in time—November, December 1991—with respect to threshold?

**Hon Ms Lankin:** Clearly any doctor who was enrolled under the underserviced area program—the billings for that period of time were exempt from any calculation with respect to the threshold.

**Mr Kormos:** And the UAP was what, a four-year program?

**Hon Ms Lankin:** Three years or four years.

**Mr Kormos:** Three or four. So you are saying that during that period of time a doctor was under the UAP, he or she did not have to worry about whether or not they billed, well, any amount, because threshold was not applicable.

**Hon Ms Lankin:** That is right. For the course of the whole billing year of 1991 into 1992, that fiscal year, if they were for the course of that whole year under the underserviced area program, they would not even have to think about the issue of threshold. If they were for one month or two months under the underserviced area program, any billings for that one or two months would not have been part of the calculations for the threshold.

**Mr Kormos:** I thought there was a published list of doctors who were on the UAP program: their names, their areas of speciality or practice and either the date at which they commenced the UAP program—it must have been, because apparently it was relatively easy to figure out the termination date. Was there anything secret about that information?

**Hon Ms Lankin:** No, not at all. I certainly had that information and that particular document. Ms Martel did. I testified earlier that that was one of the documents she had in front of her when she asked me for clarification either before or immediately after meeting two doctors in the east lobby. I am assuming it is the same two doctors on the same day.

**Mr Kormos:** Perhaps, because we have learned around here that just because something is not secret does not mean it is not confidential, was it confidential?

**Hon Ms Lankin:** No, it is public information.

**Mr Kormos:** Even I could have been given that document, had I inquired about it?

**Hon Ms Lankin:** I do not know. Should I disqualify you for some reason particularly? Any member of the public could access this information with respect to the underserviced area program.

**Mr Kormos:** It is simply a matter of saying, “What does the list of doctors on UAP consist of at this point in time?”

**Hon Ms Lankin:** Yes.

**Mr Kormos:** And you would get that piece of paper?

**Hon Ms Lankin:** Yes, without a problem.

1600

**Mr Kormos:** When you go off UAP—not go off, but it is a contract. Is that the right way to describe it? You enter into a contract with the government—

**Hon Ms Lankin:** Yes.



**Mr Kormos:** —with the ministry. It is for a fixed period of time, be it three or four years. When you go off it—let's say you go off it January 1, 1992. When does the meter start running in terms of the application of the threshold? Because once you are off it, you know—withstanding what happened last week in terms of announcement, but prior to that—once you are off UAP, then the threshold did kick in, huh?

**Hon Ms Lankin:** That is right.

**Mr Kormos:** When does the meter start running, though, for the calculation of—what is it?—that first \$400,000, 400 grand in billings?

**Hon Ms Lankin:** If your last day on the program is the last day of December, your first day on which your billings would start to be calculated for the purposes of the threshold would be the first day of January.

**Mr Kormos:** So there is no concept of fiscal years or things like that. Your new year, your fresh year, your threshold-subject year starts the day you are off UAP?

**Hon Ms Lankin:** No, it would not be a threshold-subject year; it would be for the months of January, February and March. For the remainder of the fiscal year, your billings would be subject to the test against the threshold, with all of the further exemptions of technical fees and those sort of things. I am not being clear; I am sorry.

**Mr Kormos:** No. I am not being very good at understanding. Is it prorated then?

**Hon Ms Lankin:** That would be one way to describe it. If I could take the fiscal year, from April to March, if you were on the underserviced area program from April to the end of December, none of the billings that you had processed during that period of time would be even looked at with respect to the threshold application. So it would be starting January, for the remainder of the fiscal year, whatever you had billed would be looked at, minus all of the technical fee codes etc. If at that point in time it exceeded the \$400,000 threshold, your subsequent billings within that fiscal year would be reduced to two thirds etc.

**Mr Kormos:** Wait a minute. You mean that if there are three months left my fiscal year—

**Hon Ms Lankin:** Yes.

**Mr Kormos:** I mean, nine months of the fiscal year was the balance or the last period of time on which I am on the UAP program, so I have three months left in my fiscal year. How much can I bill before the threshold starts affecting how OHIP reimburses me?

**Hon Ms Lankin:** It would be, at the minimum, \$400,000, but my expectation is it would be more than that because there would be technical fee codes as well as procedural codes that a physician in normal practice and specialty practice would be billing, and any of the technical fee codes would be discounted. So in order to reach the limit of \$400,000 of those things that the threshold is applied to, most physicians would actually be billing more than \$400,000.

**Mr Kormos:** Do you mean you will have \$400,000 in three months?

**Hon Ms Lankin:** That would be the minimum if the threshold were to apply to you, yes.

**Mr Kormos:** Wow. So if I, coming off the UAP program, had been announcing that I was going to reach a threshold within that three-month period, or let's say four-month period, that would be as much as me telling people that I am doing \$400,000 within that three- or four-month period?

**Hon Ms Lankin:** If you are aware of all of the exemptions and you have calculated those things in and you have the right information, yes, it would be.

**Mr Kormos:** Now, you are telling us that you are little bit concerned about the fact—no, maybe you are not telling us that. In any event, you are not exactly sure why Dr Kosar would be confused about the threshold exemption that UAP doctors had even back in November or December. Is that fairly—

**Hon Ms Lankin:** I do not know why he would be confused. It is conceivable he was, but it was not a confused issue. The issue was clear that anyone on the UAP program was exempt. He may have misunderstood that.

**Mr Kormos:** Anybody who was interested in the issue and who similarly made inquiries about that facet of the issue—are UAP doctors exempt?—would have been told by you or people in your ministry that—

**Hon Ms Lankin:** Or Ms Martel, because she also has interest and responsibility for the underserviced area program as the Minister of Northern Development.

**Mr Kormos:** That is a joint program that both ministries administer. You administer it as Minister of Health, but jointly with, as it is, Shelley Martel as the Minister of Northern Development.

**Hon Ms Lankin:** Yes, that is correct.

**Mr Kormos:** So it would not surprise you to know that Shelley Martel knew full well, without doubt, without question, end of November, beginning of December 1991, that underserviced area program doctors were exempt from threshold?

**Hon Ms Lankin:** No, absolutely not. That information had been exchanged between us and discussed, and she also had the same list I had. She had it in front of her the day in the Legislature that I am talking about in which she had either come back from or was going to meet with two doctors in the east lobby.

**Mr Kormos:** You would expect her to know those things?

**Hon Ms Lankin:** Absolutely.

**Mr Kormos:** It is part of her job.

**Hon Ms Lankin:** Yes.

**Mr Kormos:** Mr Eves spoke of her in somewhat glowing terms, and as the conscientious and hardworking minister that she is, this would be the very sort of thing that she would learn in the course of performing her duties?

**Hon Ms Lankin:** Yes, and she was very concerned about this issue. As I had indicated, when she one of the first times approached me, she had very detailed notes from a meeting that she had held with Dr Abdulla and was



stressing that she believed—and these were very detailed notes about the nature of cardiology practice and the number of cardiologists in the area. There were several pages to this, as I recall. I at that point had directed her to the deputy, so she was very much into this issue, had been through thorough meetings with the deputy and/or Mr LeBlanc about it, had been to the meeting on 30 November with other members of the Legislature and the doctors and ministry officials, where the ministry officials went through and explained it to the doctors, the cardiologists there present. So she had had a great deal of exposure to the issue from an advocacy point of view as Minister of Northern Development.

**Mr Kormos:** In particular—again, I am not asking you to speculate, but one can assume that Ms Martel was reasonably pleased about your announcement last week, because she was one of those several northern members who were advocating on behalf of doctors with regard to the threshold issue?

**Hon Ms Lankin:** Yes, absolutely.

**Mr Kormos:** She was making arguments to you and your staff about why doctors in the north should not be subject to the threshold.

**Hon Ms Lankin:** She was certainly asking me to look at that issue. She felt, from the point of view—and in particular, I recall her being very, very passionate about the issue of the cardiologists—that this service was going to be threatened, even though she believed that these doctors would do everything they could not to discontinue the service, but that it was going to be threatened as a result of this and that I really did need to try and understand better the issue of retention versus recruitment in terms of the north.

**Mr Kormos:** Tell me: You are from Toronto, but she was born and raised in the north, and she is doing as good a job as anybody could have done—

**Hon Ms Lankin:** Absolutely.

**Mr Kormos:** —getting you to look at the special circumstances of doctors in the north?

**Hon Ms Lankin:** Yes.

**Mr Kormos:** And as it is, as a result of her work on behalf of those doctors, or at least in part as a result of her work, a decision was made that was favourable to those doctors?

**Hon Ms Lankin:** I would say certainly in part. I do want to be fair and indicate that there were certainly other members of the Legislature, from all three caucuses, who raised the issue with me. And I would say that I showed some sensitivity to it myself, Mr Kormos, in dealing with it. So I think that Ms Martel certainly was a very strong advocate and I agree with your characterizations. I would just add that there were others who were involved as well in lobbying me.

**Mr Kormos:** No doubt, no doubt. But Ms Martel certainly was not the least among them, was she?

**Hon Ms Lankin:** No, absolutely not. No.

**Mr Kormos:** And it was not a matter of her having her staff or constituency office staff or her legislative office

staff deal with your ministry. She really rolled her shirtsleeves up and got into this whole issue very personally, did she not?

**Hon Ms Lankin:** Yes. She met directly with my deputy and/or Mr LeBlanc. She attended meetings with the doctors prior to her discussions with me subsequent to meeting with the doctor on the 30th—the two doctors in the lobby. She knew a great deal, as time went on, about the workings of the Ontario Medical Association agreement, about the specific workings of the application of the threshold, what was exempt, what was not. She got inside the issue, I would say, and did it herself; that is true. This was not a matter of any of her staff working on this issue.

**Mr Kormos:** Very much a hands-on approach on the part of Shelley Martel, was it not?

**Hon Ms Lankin:** Yes.

**Mr Kormos:** And an approach that you certainly did not criticize at the time?

**Hon Ms Lankin:** No, and would not criticize now.

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**Mr Kormos:** If anything, an exemplary approach in terms of what an MPP ought to be doing for her constituents?

**Hon Ms Lankin:** Yes, I think that is a fair comment.

**Mr Kormos:** In the course of debating the issue of application of threshold to northern doctors, and you talked about this a little bit, it would be important to understand what the impact of threshold was on northern doctors, would it not?

**Hon Ms Lankin:** Yes.

**Mr Kormos:** And not so much a particular interest in what a given doctor's billings are, but an attempt to understand exactly how many doctors, for instance, out of the northern doctors would be reaching threshold or exceeding it.

**Hon Ms Lankin:** Yes, that is information that I had asked for, and that information had been provided to both myself and Ms Martel with respect to the Sudbury area in terms of the number of general practitioners and the number of specialists which projections could indicate might be affected, as well as on a provincial basis numbers for northeastern Ontario, northwestern Ontario, central Ontario, that sort of geographical breakdown.

**Mr Kormos:** We are not naming doctors and identifying what a given doctor's income is, are we?

**Hon Ms Lankin:** No.

**Mr Kormos:** We are identifying statistically what billings mean to northern doctors.

**Hon Ms Lankin:** That is correct.

**Mr Kormos:** Once again, we are not talking about secrets here, are we?

**Hon Ms Lankin:** No, and I guess one of the things that was difficult during that period of time is that I was trying to get out more information. In fact I remember I welcomed the question from Mr Harris on the 2nd, because I felt there was a lot of misunderstanding. One thing that comes to mind was not just the exemption for technical fee codes and the underserved area program, but some doctors



who had outreach clinics in the north, where they travelled from their centre, for example, Sudbury or Thunder Bay or any major northern centre, and travelled to outreach to provide services in an underserved area there. Those billings were exempt from application of the threshold.

So I actually thought that there was a lot of misunderstanding that needed to be clarified. If not for the actual individual doctors if they had not got it clear by that point in time, I sure felt it needed to be clarified for members of the Legislature and members of the public because I felt there was a reaction taking place that was beyond the level of concern that actually should be engendered by this issue, although as I said then and still say and have subsequently acted on, I felt there was an issue of concern around the workings of the underserved area program and had committed that we would look into that and attempt to revise that, which we have done.

**Mr Kormos:** The impression I am getting, and correct me if I am wrong, but if I am right tell me that too, is that Shelley Martel was very much involved in advocacy on behalf of the issue of threshold and in the course of doing that would have logically learned about who was on UAP and who was not and where they were. Is that a fair comment?

**Hon Ms Lankin:** That is correct.

**Mr Kormos:** And similarly, because she was involved in this debate on threshold and was advocating on behalf of those northern doctors, would have again logically availed herself of the statistics you had about, let's say, the numbers of doctors who were expected to achieve threshold as compared to the numbers who were not expected to, or percentages or numbers who were not expected to exceed threshold.

**Hon Ms Lankin:** That is correct. I am aware that Ms Martel was given those general numbers, as was I.

**Mr Kormos:** Because it was relevant to the argument at hand.

**Hon Ms Lankin:** That is correct. I mean, to put it in perspective, there is documentary evidence to this, but I think we were talking about three or four general practitioners in the Sudbury area and a number in the teens of specialists. It was not like 50 doctors; it was much smaller than that. But again, as I indicated this morning, there is a caution in that that was a projection and may not have been accurate because it was partway through the billing year.

**Mr Kormos:** I do not know if you read the column by Ms Blatchford in the Toronto Sun, and she makes reference to Dr Kosar as being a very nice man, but back in December in her column Ms Blatchford writes with some shock and horror that Shelley Martel would, for instance, know who was and who was not on the UAP. But you are telling us now that it was very much a part of her job to know that.

**Hon Ms Lankin:** Yes, and it was very much public information that is easily accessible.

**Mr Kormos:** And Ms Blatchford, in the same column in the Toronto Sun in early December of last year, with a

similar sense of shock, dismay, in her own inimitable style, outrage, speaks of Ms Martel knowing that, for instance, I cannot remember whether it was three or four doctors in the north or in the Sudbury area who were going to be beyond threshold. Do you share that shock or dismay or outrage?

**Hon Ms Lankin:** No, and I think that that kind of coverage was very unfair during that period of time. I mean, I know that I answered some questions, either in question period or media questions about that sort of general information and made it very clear that this was information in the public domain. In fact, in the press package of information that was circulated on December 5 at the meeting in Sudbury, which is exhibit 8, there are some case examples that were used to try and give people a better illustration of how the threshold worked. It was an attempt to try and provide people with some concrete information.

Not much of a concrete exchange took place at that December 5 meeting, as I heard afterwards about it, but that was an attempt to try and provide people with helpful information. Subsequent to this becoming an issue in the Legislature, in the media, one member of the official opposition alleged that in fact this was detailed, confidential information and that a particular specialist could be identified. I remember having to go through a couple of press scrums with respect to that and assure people that this was very carefully vetted information; it was for illustration. You could not identify the doctors involved. So there was a lot of overreaction and/or unfair characterization of what was in the public domain and what was not during that period of time.

**Mr Kormos:** Would a phone call to your office by, for instance, Ms Blatchford or a researcher working for her have clarified this?

**Hon Ms Lankin:** Yes, and/or the kind of questions I remember being asked, both in the Legislature and/or in press scrums, would have clarified some of that information as well.

**Mr Kormos:** Hmm. Obviously she never bothered making one. I do not know if you had a chance to read the press reports of some of the participants' comments here over the last couple of weeks, but among other things, Shelley Martel was described as having I think the word was "disdain" for doctors, for the medical profession. Do you share that view of Ms Martel?

**Hon Ms Lankin:** No. Mr Kormos, in my dealings with her around this period of time in question, around the Sudbury doctors, as I have described, she was very much advocating on behalf of these northern doctors. She had, as I said, met with Dr Abdulla. She told me: "Frances, I think he makes legitimate points. You need to look at this." I think actually following the meeting on the 30th of November that was—I might be mixing up my times. I think it was at that point that she came back and she had indicated that it was a good meeting.

Actually that does help place that discussion for December 2, which is the same day that she met with the doctors, because it was at the same time she told me she had been



to the meeting on the 30th, that it went well. She appreciated the ministry's participation; that it was a good exchange of information; that there had been an indication that there would be some follow-up work by the ministry; that she felt very satisfied that the doctors and the MPPs had been heard. Then she went on to ask me for some clarification about the documentation in front of her.

Similarly, our own approach during that period of time was to recognize and try and deal with a problem. I both reject a characterization of Ms Martel and/or of myself, my ministry or the government as being anti-doctor. It is just not the case.

**Mr Kormos:** This is not the first time Shelley Martel got involved in issues regarding health care in the north, is it?

**Hon Ms Lankin:** No.

**Mr Kormos:** Throughout your term as Minister of Health she had regularly raised a number of issues regarding health care.

**Hon Ms Lankin:** There had been a couple of issues in particular, the northern health travel grant, and then subsequent to the amendments we brought forward to that there were additional problems with it and she brought that back to my attention, along with Mr Eves and others. So this was not the first occasion, no.

**Mr Kormos:** Just as she was well informed when it came to the issue of threshold and the north and UAP doctors and non-UAP doctors, of course she was similarly well informed when it came to the other issues that she raised with you and your ministry.

**Hon Ms Lankin:** Yes, that is true.

**Mr Kormos:** My impression, and if I am wrong tell me, is that not just well informed but thoroughly informed and clearly, in terms of the discussions you had with her and your staff had with her; she made sure she obtained as much information as she could from her community, from the people in her community, from her contacts there as well as from the resources that she had available to her at Queen's Park.

**Hon Ms Lankin:** I think you are describing Ms Martel as a very conscientious member of the Legislature. I would certainly agree with that, and I believe that most people, as has been indicated by Mr Eves and others, agree with that.

**Mr Kormos:** A person who is well connected with her community and well networked within her community of Sudbury?

**Hon Ms Lankin:** Yes.

**Mr Kormos:** I do not have any other questions, Mr Chair.

**The Chair:** Thank you very much, Mr Kormos.

**Hon Ms Lankin:** Excuse me. I am sorry, Mr Chair. Could you tell me how much longer is left? I would actually like to take a moment.

**The Chair:** Having said that, we will have a recess for 10 minutes.

**Hon Ms Lankin:** I do not need quite that long.

**The Chair:** Well, let's say five minutes. We will recess five minutes.

The committee recessed at 1622.

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**The Chair:** We will resume our hearing. Mr Kormos had completed his questions last off. Mr Hope.

**Mr Hope:** Thank you, Mr Chair. Ms Lankin—Frances, I guess would be better terminology—Frances, just to get a better understanding, as it seems like there is always some type of confusion out there: This agreement between the government and the OMA was a negotiated agreement?

**Hon Ms Lankin:** Yes, that is correct.

**Mr Hope:** And who does the OMA represent?

**Hon Ms Lankin:** As a result of the agreement, just about all physicians in the province.

**Mr Hope:** So they were representing their best interests on behalf of their members whom they represent, who would be the doctors, and the government was representing the best interests. This was not a forced policy on the doctors; it was a negotiated agreement?

**Hon Ms Lankin:** Absolutely. In fact we were quite pleased, both parties, because there had been a number of years of animosity between government and physicians, as people may well remember. This was quite a landmark coming together of the parties and a landmark negotiated settlement.

**Mr Hope:** Now, in negotiations there is always ratification. Do you remember what the ratification number was in favour of this agreement?

**Hon Ms Lankin:** Oh. The number coming to mind is around 80%, but I actually do not know because there have been a number of ratifications that I have experienced over the last number of months and I might have got mixed—

**Mr Hope:** It would be a good majority, though, in favour of it?

**Hon Ms Lankin:** Oh, it was overwhelmingly supported. I can say that with assurance.

**Mr Hope:** I noticed some of the selective views that Mr Conway used during his questioning when he stated that MacMillan went off his chair or whatever when he found out that confidential information supposedly got out. It never got out; it was still within the confinements of where information ought to be. But he forgot to share a view with you of Dr LeBlanc who felt that all he needed to do was take a black magic marker and jot a couple of things out and the information was fine. There was no invasion of anybody's privacy. That was something Dr LeBlanc had indicated.

During the questioning, as Mr Conway put out, he keeps referring to your staff. Should your staff receive confidential information?

**Hon Ms Lankin:** There is nothing wrong, and on many occasions they will require confidential information. That in and of itself is not a problem. The degree of confidential information is on an as-required basis to do the job. Certainly I would expect that there would be a lot of confidential information in OHIP, all of it, less that would come



to the ministry staff working on the issue outside of that, less that would come to my staff and the very least amount required that would come to me.

**Mr Hope:** So this is not some new program that you put in place where your staff would get confidential information. This is a policy that has been in place for years, when the Tories were in government, when the Liberals were in government, where their staff received information?

**Hon Ms Lankin:** Absolutely. You give me an opportunity to perhaps just comment again, as I did a bit earlier, that I really think it is unfortunate through innuendo to suggest that because somebody is working on the direct staff of a minister and therefore can be characterized as political staff versus ministry staff, minister's staff versus civil service, somehow just by virtue of that there is something to be maligned about their character or their handling of things. That should be important for all us in the Legislature irrespective of what political party. People come and work very hard on behalf of the public and on behalf of members in those jobs.

Similarly, I understand that we are in a political arena here and that we have all subjected ourselves to that, but I do feel badly on behalf of the ministry staff and on behalf of the staff in my minister's office for some of the innuendo and some of what I think they have been put through. I believe that they are hard-working individuals. I have a lot of respect for all of them who have been here and have testified. I have full confidence that they are telling the truth, based on my knowledge of them as individuals.

**Mr Hope:** And all your staff have sworn an oath of secrecy when they receive confidential information, to the best of your knowledge?

**Hon Ms Lankin:** More than to the best of my knowledge. I personally conduct the oath with new members coming on to my staff, right from the beginning. I did with Ms Colley when she was first hired, and with every member of my staff since then who has been hired to work with me I have personally conducted the oath.

**Mr Hope:** I was reflecting on Dr MacMillan when he was mentioning something about this call from the Sun, I believe it was, this Ms Dawson. He was raising a question whether she or the articles that were put in the paper did have the document, because they were not using specific numbers. When you think about it, do you think that they actually had the document, or was it a flow of information some other way, or did they even have information? Did they maybe piecemeal things?

**Hon Ms Lankin:** This is assumption, of course, because we do not know this piece of information. I believe that Ms Dawson did have access to information. I believe it was a flow of information. Dr MacMillan indicated that the nature of the questions were specific and had enough similarity to what was in the actual document that he felt that she had at least been informed of it. There were some inaccuracies in what she stated to him, which led him to wonder whether she actually had the document. Subsequent to that, because there was never any printing of portions of the document, which is normally how the

media deals with leaked documents that they have received—they normally print captions of it; it has much more theatre to it—we assumed that she actually had not received the document.

**Mr Hope:** Okay.

**The Chair:** Thank you very much, Mr Hope. Mr Mills.

**Mr Mills:** A brief question, Mr Chairman. Thank you very much, Ms Lankin. I refer to the purposes of this inquiry, and one of the purposes is an investigation into the disclosure of confidential information emanating from the Ministry of Health. I have heard your testimony and listened quite intently to it and your tremendous worries and concerns over the alleged leak of information of a confidential nature to the reporter of the Toronto Sun.

So my question would be then, can we as a committee—and we are looking into that aspect in this inquiry—look forward to anything that you are doing at the ministry as far as coming to grips with that leak and how you can best prevent it from ever happening again?

**Hon Ms Lankin:** There are two things I would want to touch on in response, Mr Mills, the first being that given that is one of the issues which is the subject of this inquiry—and I have already indicated to the committee the problems the freedom of information commissioner sees with respect to that and that the issue rests here—I would look to this committee to be attempting to shed some more light on the alleged breach of that confidentiality to the Toronto Sun reporter. I have speculations about the possibilities that I believe should be pursued. I am not going to speculate in public, because they truly are speculations. I have provided those speculations to the commission counsel.

With respect to in general in the ministry, we had hoped the freedom of information commissioner's investigation, when he indicated it would be to look into the procedures in place in the ministry, would give us further advice on this. Dr MacMillan and the deputy have taken steps to reaffirm the security provisions that were in place. We will take what other steps are necessary to try to improve the situation, although I would say that in terms of what actually occurred, there was not, in what the ministry did, anything that was notably wrong. I think Dr MacMillan acted appropriately to view a memo and say it was information beyond what was required—it is not illegal to have been in the ministry, but beyond what was required—and to have asked for the withdrawal of that memo. What is most troublesome to me, of course, is that the contents of that memo appear to have been made public to the Toronto Sun reporter.

**Mr Mills:** Thank you very much, Ms Lankin. Thank you, Mr Chair.

**The Chair:** Thank you very much, Mr Mills. If there are no further questions, thank you very much for this part of the proceeding that has been conducted. I understand this session will now go into an in camera session. I would, however, like to make a note prior to us moving in camera.

As members of the committee will recall, when last we finished with Ms Colley, the third party members' rotation was up. I have been informed that there are no questions by members of the third party to Ms Colley in public. As such, what we will then do—and I say this for those members who are interested, not only of the committee but watching the proceedings—we will be moving into an in

camera proceeding with the minister, to be followed by an in camera proceeding with Ms Colley, at which time we will then adjourn for the day.

Having said that, we will take a very short five-minute recess so that we can move in camera.

The committee continued in closed session at 1644.



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**Also taking part / Autres participants et participantes:**

Cavalluzzo, Paul, J. J., counsel, Cavalluzzo, Hayes and Shilton

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M-34 1991/92

M-34 1991/92

ISSN 1180-436X

## Legislative Assembly of Ontario

First Intercession, 35th Parliament

## Assemblée législative de l'Ontario

Première intersession, 35<sup>e</sup> législature

## Official Report of Debates (Hansard)

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## Journal des débats (Hansard)

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Inquiry re  
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Enquête concernant  
certains renseignements  
du ministère de la Santé



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Published by the Legislative Assembly of Ontario  
Editor of Debates: Don Cameron



Publié par l'Assemblée législative de l'Ontario  
Éditeur des débats : Don Cameron

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# LEGISLATIVE ASSEMBLY OF ONTARIO

## STANDING COMMITTEE ON THE LEGISLATIVE ASSEMBLY

Monday 2 March 1992

The committee met at 1010 in room 151.

### INQUIRY RE MINISTRY OF HEALTH INFORMATION

**The Chair:** We will call the standing committee on the Legislative Assembly to order. Good morning everyone. You have before you a tentative schedule for the remainder of our hearings. I believe the clerk is going to be distributing those, if he has not already done so.

MICHAEL DECTER

**The Chair:** This morning we have Michael Decter, Deputy Minister of Health, before the committee. I would like to invite Mr Decter to the table. You can sit wherever you would like at that desk. Good morning, Mr Decter.

**Mr Decter:** Good morning.

**The Chair:** It has been the practice before any questioning takes place that the clerk administer an oath to people coming before the committee, and at this point I would invite the clerk to do so.

Michael Decter, affirmed.

**The Chair:** Mr Decter, prior to questioning commencing, I would like to provide a warning which has been provided to all people who have come before the committee, and it is that in the event that you are asked a question which you cannot properly answer without divulging confidential information, could you please then advise the committee, and if there is not a way to disclose this information without divulging confidential information, then the matter would be addressed in an in camera proceeding. I am advised that there will be part of the questioning take place in camera today with Mr Decter, so I inform members of the committee of that.

The procedure of the committee is that questions are started with our counsel, Patricia Jackson, after which there is a rotation from caucus to caucus. Having said that, I would invite Ms Jackson to start questioning.

**Ms Jackson:** Thank you, Mr Chairman. Mr Decter, as the Chairman has indicated, you are currently the Deputy Minister of Health.

**Mr Decter:** Yes, that is true.

**Ms Jackson:** And you have occupied that position, sir, since when?

**Mr Decter:** Since August 6 of last year.

**Ms Jackson:** Of 1991?

**Mr Decter:** Yes, 1991, seven months as of this coming Friday.

**Ms Jackson:** I understand, sir, that your career in government began in fact with another government, the Manitoba government, in 1972?

**Mr Decter:** Yes, that is true. I have been—

**Ms Jackson:** And you remained with the Manitoba civil service for a number of years and in 1981 assumed the senior position in the Manitoba civil service, that of cabinet secretary and clerk of the executive council.

**Mr Decter:** I was in and out of the Manitoba government in the period 1972 to 1981. I find that my tolerance for public service has some time limits on it, but I was from 1981 to 1986 clerk of the executive council and cabinet secretary in the province of Manitoba.

**Ms Jackson:** And that is the senior position in the Manitoba civil service, is it not?

**Mr Decter:** Yes, it is.

**Ms Jackson:** Then from 1986 until 1991, I understand, Mr Decter, that you were in effect a consultant in private business.

**Mr Decter:** Yes, I was, both with a firm that I owned and then subsequently as a partner in the Peat Marwick consulting group nationally.

**Ms Jackson:** And in that capacity, sir, you were, from December 1990 until April 1991, a consultant to the Ontario government, and as I understand it, its chief negotiator in coming to the agreement that we now have heard about between the OMA and the Ontario government.

**Mr Decter:** Yes, that is true.

**Ms Jackson:** Now, I just want to cover a few things about the Ministry of Health that you have been kind enough to give us in terms of an overview of the structure we are looking at. As I understand it, the Ministry of Health in fact spends one third of the Ontario government's budget. Is that correct?

**Mr Decter:** Thirty-four per cent as of the current year.

**Ms Jackson:** And employs 15% of the staff in the Ontario public service?

**Mr Decter:** We employ just under 13,000 people, and I think that would be roughly 15%.

**Ms Jackson:** And the ministry has in its records and in its electronic database the largest collection of personal information in North America?

**Mr Decter:** I have been told that. I have not had a chance to research it personally, but I understand that because we run the largest single health system, covering roughly 10 million people, we do, as a consequence of that, have the largest collection of health records and individual personal records.

**Ms Jackson:** And that personal information, in the first instance, is ultimately stored and collected in electronic form, the way the ministry is currently organized?

**Mr Decter:** The vast majority of it is. We are micro-filming records to save space. We still receive a large number of card billings from physicians which we then convert to

an electronic form. We are endeavouring to receive all that information in electronic form, but we are not there yet.

**Ms Jackson:** In addition to the electronic database, as the committee has been advised, there is within the ministry an electronic e-mail system?

**Mr Decter:** Yes, there is an e-mail system that connects, I believe, some 2,200 of the people in the ministry, which is the vast majority of our employees who do not work in the psychiatric hospitals. In terms of understanding the ministry, between 8,000 and 9,000 of our people work in the 10 psychiatric hospitals. They are providing direct patient care as opposed to the rest of the ministry, which is management, administration and program delivery.

**Ms Jackson:** Everyone else in the ministry would be linked into the e-mail system, pretty much?

**Mr Decter:** Not everyone, but the majority of people.

**Ms Jackson:** Does the e-mail system connect to anybody outside the ministry?

**Mr Decter:** It does. My concern was having a way of reaching many of our partners outside the ministry. We have been able to arrange to connect to hospitals and district health councils and others, not directly through the e-mail, but the e-mail can be connected through a fax system so that you can e-mail something which gets converted to a fax and shows up in a number of our partners' offices across the province.

**Ms Jackson:** Are there any e-mail connections to other ministries in the Ontario government?

**Mr Decter:** Because we have a shared division with community services in terms of long-term care, there is a connection, although not a perfect one, with some of the people in community services. I can access, for example, their deputy minister, some of their key managers, by e-mail. That, to my knowledge, is the only connection we have to other ministries.

**Ms Jackson:** I take it from the fact that you have said most people in the ministry have an e-mail, and you have talked about your own access, that you in your office have an e-mail?

**Mr Decter:** Yes.

**Ms Jackson:** You are a designated person on the e-mail list?

**Mr Decter:** Yes.

**Ms Jackson:** So if someone wanted to e-mail something to you, they would just type in "Michael Decter" and it goes to you?

**Mr Decter:** Well, DECTERM is the account, but yes, there is an ability to access by anyone on the network, to send a message to anyone else on the network.

**Ms Jackson:** Is there any direct access by e-mail users into the electronic database that stores the personal information we were talking about a moment ago?

**Mr Decter:** No, it is not a two-way system in that we cannot access things. It is an electronic mail system, so you can read stuff people send to you but you cannot—I cannot access databases off the e-mail system. I cannot speak to what the specific arrangements are inside particular

branches. Someone could put a file, if he so chose, as an attachment to an e-mail and it would be accessible. But the answer is basically no, the system does not access the databases.

**Ms Jackson:** When you talk about an attachment, I take it you are talking about somebody basically taking information from the electronic data bank, copying it into the e-mail system and then sending it along to somebody?

**Mr Decter:** Yes, or from anywhere else really. I mean, there is—

**Ms Jackson:** Anything can be sent as an attachment to an e-mail, but you have to type it in first?

**Mr Decter:** Yes.

**Ms Jackson:** All right. Now, I mentioned to you just before we started this morning that I had learned late last night that there is a capacity within the Ministry of Health to retrieve e-mails that people have erased from their system. Are you familiar with that at all?

**Mr Decter:** I was not until you mentioned it to me this morning.

**Ms Jackson:** As I mentioned to you, and I will just perhaps review this with your executive assistant when she testifies this afternoon, she indicated to me that she had been able to retrieve an e-mail that she erased some time last fall by requesting a program to retrieve for her all e-mails dealing with Dr Donahue, and in early February she got the results back. I appreciate you do not know how that happened, but since it seems to me to be more appropriate to direct the request to you than to her, as I said to you just before we started, I would like to ask that the ministry make efforts to retrieve through that system all e-mails concerning Dr Donahue that were sent or received in the fall of 1991. I ask you to make those inquiries and, I guess, report back to me and I will let the committee know what the results are.

1020

**Mr Decter:** Certainly that would amount, in my view, to simply expanding the direction that was given to Andrew Parr, our freedom of information coordinator, on December 11 when he was directed to ensure that all records pertaining to this matter were protected and locked from being erased. If your request is to go back further, I would certainly be pleased to direct Andrew Parr to sort out how that can be done.

**Ms Jackson:** Thank you. Then let me just ask you about your own personal experience. Having joined the ministry in August, what training did you go through to learn what constraints are imposed by freedom of information and comparable statutes on your use of information?

**Mr Decter:** There were three ways that I came to be aware of the freedom of information and privacy act. The first was very shortly after I joined in August. The privacy commissioner, Mr Wright, and Ann Cavoukian from his office made an appointment to see me to follow up the work they were doing as a result of what is termed in the ministry the Gigantes inquiry, from earlier in 1991. They had completed the first phase and they were starting into a second phase, which was to look at what controls we had in place across the ministry. So I had both a briefing note



before that meeting and then the actual experience of the meeting itself and learning from them about how that statute worked from their perspective.

I had a subsequent briefing from Andrew Parr, who is our dedicated resource in the ministry, in which he took me through both the generalities of the principles in the act, as well as the role accorded to the deputy minister. Basically it was made clear to me that my major role in freedom of information was the approval of denials in terms of day-to-day work. I tend to see a significant number of requests that, for one reason or another, are being recommended for denial of access. There are a number of grounds for those denials. I have to assure myself in each case that the grounds are sufficient to the denial because I have delegated authority from the minister to make those final decisions. As you can imagine, some of them can be quite controversial. I do not remember the length of the meeting, but it would have been an hour or more with Andrew Parr. I have not been able to fix a date, but somewhere in the first four to six weeks on joining. Those two events were my major early experience.

There was a briefing provided by our corporate affairs division on all the statutes which pertain to the ministry. That was a very summary briefing which simply tried to encapsulate each statute in a paragraph or two. So I would have had that very early on joining.

**Ms Jackson:** Is it your understanding and expectation that ministry officials, ministry employees generally receive a briefing from somebody with freedom of information act expertise upon joining the ministry?

**Mr Decter:** It was my presumption that if that is what I was getting, there was some protocol in place in that regard. Subsequently there is now a very good brochure—well, more than a brochure—which has been developed which provides an overview. I do not know if that has been entered yet in evidence. I think I have one.

**Ms Jackson:** You might take a look at exhibit 5, which is in the volumes before you, and see if that is the document you are referring to, Mr Decter.

**Mr Decter:** No, this is brand-new. I am not sure how wide the distribution of it is, but it is a document entitled Freedom of Information and Protection of Privacy Act, 1987. It sets out in some detail the various responsibilities, exemptions and principles. It is a guide for senior executives in the ministry.

**The Chair:** Mr Decter, maybe if it is possible the clerk can get that particular manual, make photocopies and then it could be distributed as an exhibit.

**Mr Decter:** Certainly.

**Ms Jackson:** That is agreeable, Mr Chairman.

**Mr Decter:** As I say, I am not sure how widespread its distribution is. It is a relatively recent document, but as one can say of the ministry, it takes a while for these things to work their way through the system.

**Ms Jackson:** But your understanding is that it is intended for distribution to whom?

**Mr Decter:** To senior executives in the ministry. My view would be that would probably be the SMG group, the

senior management group, and probably the group just below that which would include managers not in the SMG group.

**Ms Jackson:** Would that include assistants in the minister's office?

**Mr Decter:** Generally when things go to senior management, they also go to the deputy minister's office and the minister's office because those two offices have a lot of contact with the senior echelons of the ministry.

**Ms Jackson:** Mr Chairman, perhaps we could, before we leave that, assign an exhibit number to the brochure.

**The Chair:** Mm-hmm. That will marked, when available, as exhibit 69.

**Ms Jackson:** Do you know, Mr Decter, if the procedures that are set forth in that brochure represent in any way a change over previously existing procedures for protection of information?

**Mr Decter:** No, I do not, although I expect that we have been steadily strengthening the protections in the ministry. There were some very strong recommendations from the first phase of the privacy commissioner's review, and the direction that had been given both by Dr Barkin and subsequently by myself was for staff to take on board lessons learned from the privacy commissioner sort of as we moved along rather than waiting for the final report.

**Ms Jackson:** When you say the privacy commissioner's review, are you referring to the first phase of the investigation that followed on the affair involving Ms Gigantes?

**Mr Decter:** Yes.

**Ms Jackson:** Let me then turn, Mr Decter, to the question of Dr Donahue. I am going to explore with you what you learned about Dr Donahue and when. Let me start by asking you when you first became aware of Dr Donahue.

**Mr Decter:** Let me put this carefully, because as you are aware, I was struggling in the three or four meetings I had with yourself and with Larry Taman to recall why I felt I knew about Dr Donahue well in advance of November. I finally located last evening the file that I had from my term as chief negotiator, which contains—I provided it to counsel this morning—a front-page article from the Toronto Star from February of 1991 which—

**Ms Jackson:** If I could just interrupt there for a minute, Mr Decter, I will just have that distributed so people know what you are talking about. That is an article from the Toronto Star of February 2, 1991.

**Mr Decter:** Yes. I think that would have been my first information. I was aware of the electrolysis issue, because it was a very lively issue, in December, January, when I started on the OMA negotiations. I think the first time I would have been aware that Dr Donahue was a major figure in performing electrolysis in this province would have been the February Toronto Star article. That would be my first knowledge that (a) there was significant—I mean, I was aware before February that there was significant controversy. A large lobbying campaign had been going on between the associations representing the private electrolygists on one hand and then, as it would appear, Dr Donahue and other physicians on the other around this



issue. I was provided about the same time with a package of letters and background material by that association, which had learned from the press coverage that I was negotiating on behalf of the government. I believe this package had been provided to, if not all the members of the assembly, the vast majority of them, by the association.

**Ms Jackson:** This is the private association or the group that involved Dr Donahue?

**Mr Decter:** No, this I believe was the—if you will let me look, I will get the appropriate name of it.

**The Chair:** For members of the committee, that exhibit is marked as number 70, the Toronto Star article.

1030

**Mr Decter:** I believe it is the Canadian Organization of Professional Electrologists. The acronym is COPE, and there is another association, the Electrolysis Association of Ontario. These are the two groups that I believe represent the electrolysis clinics that were not covered at that period by OHIP, the non-physician part of the industry, and they were engaged in a rather public campaign to achieve the deinsurance of electrolysis as an insured benefit under OHIP.

**Ms Jackson:** And the committee has heard that in fact there was a decision taken to deinsure electrolysis.

**Mr Decter:** Yes, last fall there was that decision taken.

**Ms Jackson:** And I take it you became familiar with this in the context of your role as the chief negotiator of the OMA and government agreement?

**Mr Decter:** Yes. The agreement really tried to move from an open-ended insurance model to more of a managed system. I think in that context the general area of delegated acts, and electrolysis in particular, was seen as probably the most extreme case of—I put it carefully—abuse or difficulty in the open-ended system, this rapid growth in electrolysis as a delegated act by physicians, and the cost pressures that was putting on.

**Ms Jackson:** And those general cost pressures and the growth are described in the article that we have marked as exhibit 70.

**Mr Decter:** Yes, they are.

**Ms Jackson:** I understand from what you say that there was a group of physicians who were in opposition to the deinsuring of electrolysis.

**Mr Decter:** Yes.

**Ms Jackson:** And did Dr Donahue figure prominently in that group?

**Mr Decter:** I would judge from the press coverage, although I did not meet Dr Donahue at that time. He seemed to be the leader, judging from the press coverage of the letter-writing campaign and the other activities involved with this counterlobby, if you could put it that way.

**Ms Jackson:** All right. And if I can just explore a couple of elements of your understanding of this issue as you gleaned it from the Toronto Star, what appears from the article is that Dr Robert MacMillan, who has given evidence before this committee, had given a speech to an electrolysis association and the electrolysis association

subsequently released the speech. Have I got that approximately right, in your understanding?

**Mr Decter:** That certainly is what the Star article seems to convey.

**Ms Jackson:** And on the first page of exhibit 70, there is an apparent quote from Dr MacMillan, ““Several dermatologists in Ontario were netting well over \$1 million a year.”” Did you understand that to be a reference to dermatologists netting over \$1 million in respect of electrolysis or in respect of their practices generally?

**Mr Decter:** No, my understanding was that the entire article was about electrolysis and that the speech in question had been made to the electrolysis association. So my presumption, reading the article last February and reading it again last night, was that the reference was to billings for electrolysis, rather than general billings by dermatologists.

**Ms Jackson:** Then on page 2 of exhibit 70, in the first column on the left-hand side, there are references to the costs of laboratory tests associated with electrolysis and the hourly rates that are charged for electrolysis and the apparent hourly rates of staff electrologists who work for physicians. Do you understand that to be a reference to those costs generally or as they apply to a particular physician?

**Mr Decter:** My view reading it was that this was a description of the activity involving electrolysis by physicians who were performing—well, they were not performing the service themselves; they were hiring staff to perform the service, which was the crux of the issue—more of a general statement.

**Ms Jackson:** And then later on in the article Dr Donahue is specifically referred to and some of the things he has said are quoted in the article. Is that fair?

**Mr Decter:** Yes.

**Ms Jackson:** The second column and the fourth column of page 2.

**Mr Decter:** Yes.

**Ms Jackson:** Apart from this article, were you aware of Dr Donahue's name coming up in the context of other media coverage around this issue?

**Mr Decter:** Yes. In the material that I provided to you there are other articles. There is the Star article from October of 1990 in which Dr Donahue is quoted as saying that a letter-writing campaign by hundreds of women has forced OHIP to back off on deinsurance.

**Ms Jackson:** Which article is that, Mr Decter?

**Mr Decter:** That is the October 26, 1990, article.

**Ms Jackson:** All right. Perhaps, Mr Chairman, we should get a copy of that made and distributed. It is a very short article and the reference to Dr Donahue is essentially what you have just read, I take it?

**Mr Decter:** Yes, there is also—my copy of this one is so bad I cannot make it out. It looks like a Rosemary Sexton column with a letter from Dr Donahue.

**Ms Jackson:** You are right. It is a very hard-to-read copy, but perhaps, Mr Chairman, we could mark those collectively as exhibit 71 and make copies for members.



**The Chair:** It will be marked as exhibit 71 and distributed shortly.

**Ms Jackson:** After that awareness of Dr Donahue in the context of the electrolysis issue in around February of 1991, when were you next aware of Dr Donahue as an individual who had some significance for things that were going on in the ministry?

**Mr Decter:** He showed up in the press clippings. You probably have had this explained, but we get a package of media clippings and transcripts of radio or television broadcasts that pertain to the ministry every morning. It tends to be the first thing one reads coming in, and Dr Donahue showed up early, well, November 7 or 8, in that package quite prominently, threatening to close his clinic in Sudbury. That was the next time I was aware of him, and I presumed that at that time to be a reaction to the deinsurance of electrolysis.

**Ms Jackson:** Could you turn up exhibit 10 in the black books before you? That is a transcript of an interview that Dr Donahue apparently gave on television that day, dealing more with the issue of electrolysis than the closing of his clinic. Were you aware of that transcript?

**Mr Decter:** Yes. MediaReach is where we get our material, so that would have been in my package.

**Ms Jackson:** And then, if you could look at exhibit 48, attached to the covering fax sheet there is an announcement of office closure by Dr Donahue, which appears to have been widely circulated. Do you recall if you saw a copy of that?

**Mr Decter:** No, I do not think so. I saw a letter he had written, but I do not specifically recall seeing this fax.

**Ms Jackson:** All right. Then could I ask you to turn to exhibit 11, back in the earlier volume, which is a transcript of a radio interview on November 13, 1991, involving Dr Donahue, apparently at 7:35 in the morning, and that does concern the indications he was then giving that he would be closing his office. Were you aware of that interview?

**Mr Decter:** Yes. That was in the package. I think there were other references to Dr Donahue or reference to his comments in the media in that period of early to mid-November.

**Ms Jackson:** At that point in time, then, when he surfaces for a second time in terms of your experience, I want to find out from you just what you knew about Dr Donahue at that mid-November period. What did you know, if anything, about the amount of his billings?

**Mr Decter:** I did not know anything specific about the amount of his billings. I knew, I guess, three things. One was that he was prominent in electrolysis. Two, he had a large number of staff, which is unusual in the practice of medicine. Generally physicians that have a large number of staff have them only because they are performing some delegated act. Otherwise the economics do not work. I guess the third thing I was aware of was that he was making the allegation publicly that the closure of this clinic was being caused by the threshold which was part of the agreement between the government and the Ontario Medical Association.

1040

**Ms Jackson:** Given what we have seen in terms of the statements about dermatologists' incomes in exhibit 70, did you make any assumption about the level of Dr Donahue's billings?

**Mr Decter:** I presumed that someone who had 14 staff was into a fairly high billing range.

**Ms Jackson:** Did you know by mid-November whether or not Dr Donahue was on the underserved area program?

**Mr Decter:** I learned that some time after mid-November. I cannot give you a precise date, but between the time he first emerged and the time I wrote to him, which I believe was November 19, I obviously became aware that he had been in the underserved area program until the end of August, on the four-year grant.

**Ms Jackson:** While we are on the subject of what you knew about Dr Donahue, let me ask you quite specifically whether you knew at any time up till December 5, which is a rather key date in terms of this committee's deliberations, at any time up till then whether or not Dr Donahue's practice was under review either within the ministry or at the medical review committee?

**Mr Decter:** No, I had no knowledge of Dr Donahue's practice being under review prior to December 5.

**Ms Jackson:** We have made reference, or I have, to Tiina Jarvalt. She is, as I understand it, your executive assistant?

**Mr Decter:** Yes, she is.

**Ms Jackson:** She was not involved in dealing with any response to the Dr Donahue controversy, is that right?

**Mr Decter:** No. The letter to Dr Donahue was drafted by Gilbert Sharpe, the head of our legal services branch, and Andrew Parr, our freedom of information coordinator.

But let me be careful. Tiina Jarvalt represents my office in the priority briefing process, which is the process that takes the daily press clipping package and evaluates it for issues that the minister's office, my office, will need what we call priority briefing material prepared on. So hot issues are identified and she is part of that process. So in that the closure of a clinic is an unusual enough event that it would have been a subject of the preparation of a priority briefing, she would probably have been involved in those meetings on a regular basis.

**Ms Jackson:** When she receives information in connection with a priority briefing, is it her responsibility to prepare something or is it her responsibility to pass on the information she receives to you?

**Mr Decter:** Neither. The priority briefings are prepared in the line in the ministry, down at the program level. First cut, the information is assembled. It comes up into the priority briefing process and it is then vetted by Kimberly Bain and by the communications staff. I would not see it until the priority briefing note was prepared and had been signed off by the relevant assistant deputy minister and relevant directors. So it would come to me at the same time it came to the minister.



**Ms Jackson:** And it would come to Tiina Jarvalt in order to come to you?

**Mr Decter:** No, it would come through Kimberly Bain, who is in charge of that process. She would hand-carry it to me when the House is in session by noon so that the minister could be briefed on the issue prior to going into the House. This is a procedure that was set up by Dr Barkin and left in place by me.

**Ms Jackson:** If information in connection with one of these issues comes to Ms Jarvalt in the course of the ministry preparing a response to an issue, I take it from what you say it does not come to her in order that she will prepare a response.

**Mr Decter:** No, that is not her role in the process.

**Ms Jackson:** So if information comes to her, it is with a view to keeping you advised of that information?

**Mr Decter:** No, information coming to her would largely come to her on the basis of her involvement in either the priority briefing process or some other process. If someone wants to send me something, they would simply send it to me. The point of the e-mail, frankly, is to try and cut down material, paper moving around in the ministry. So if, for example, Bob MacMillan wanted me to know something, he would e-mail me. If he wanted Tiina to be aware of it as well, he would add her to the e-mail list. It is an attempt in a sense to unclutter the system—I should say not a wholly successful one so far, judging by the amount of paper that still comes across my desk.

**Ms Jackson:** Apart from the e-mail, if somebody has put together a package of information that they want to get to you on a particular issue, is the mechanism to send it through Tiina Jarvalt or to send it directly to you?

**Mr Decter:** Anything that comes to my office would be vetted by Mary Doyle, an administrative officer, probably prior to it getting to Tiina, and by Tiina. The basic principle is, if I do not need to see it, it does not come to me. If it is an issue that can be dealt with by one of the other staff in the office, it would be dealt with by the other staff in the office. Most of what I receive is in the form of either legal documents that require a signature or advice to the minister, and those would be signed off all the way up, starting at the director level, and by the time they reach me would have an assistant deputy minister's signature on them. They would not come specifically through Tiina, although Mary Doyle would be responsible for logging them in and out, just so they do not get lost once they are in.

**Ms Jackson:** So apart from e-mails, if somebody wants to send something documentary to you, the way they do it is through either or both of Mary Doyle and Tiina Jarvalt.

**Mr Decter:** They handle incoming correspondence, yes. If somebody writes to me, it would be seen by them before it was seen by me. It might not be seen by me. They action these things out to the various areas.

**Ms Jackson:** I understand that it is for them to decide what to do, but if I am on the outside and I want to send something, a documentary form to Michael Decter, the

mechanism is to send it to either Mary Doyle or Tiina Jarvalt or both.

**Mr Decter:** If you are outside the ministry, yes, they would receive it. If you are in the ministry and want to send me something, you would send it to me on the e-mail.

**Ms Jackson:** What if it is in hard copy cover form, for whatever reasons?

**Mr Decter:** I would think for a report or something, you would probably put a memo on it and send it to my office and it would be seen by the staff who receives the mail.

**Ms Jackson:** So again it goes either to Mary Doyle or Tiina Jarvalt?

**Mr Decter:** Well, there are more staff than that in the office, but—

**Ms Jackson:** It does not go directly to you?

**Mr Decter:** Nothing goes directly to me.

**Ms Jackson:** Okay. Then can you turn up exhibit 13 in the black volume in front of you.

**Mr Decter:** In mine it is marked exhibit 23 and then that is crossed out and marked 13. Is that the one?

**Ms Jackson:** If it is an e-mail of November 13 at 3:55 from Denise Allen, you are looking at the right one.

**Mr Decter:** Yes.

**Ms Jackson:** Good. I understand, Mr Decter, that you have checked your e-mail and you have no record of having received a copy of this e-mail.

**Mr Decter:** That is true.

**Ms Jackson:** And is it fair to conclude from what you have just said that in sending it to Tiina Jarvalt and Mary Doyle, the expectation would be that it would be up to them to decide to what extent to keep you advised of its contents?

**Mr Decter:** Yes, but they would get a lot of what I would call routine traffic that there would be no expectation that it would come to me.

**Ms Jackson:** The e-mail itself indicates that there is a profile of Dr Donahue which will be delivered separately, with some transcripts of interviews of Dr Donahue. You have indicated that you have seen the transcripts. Do you know if you saw the package containing the two transcripts and the profile of Dr Donahue?

**Mr Decter:** The transcripts, as I have indicated, came to me as part of the morning media package. I have never seen a profile of Dr Donahue. I did see an e-mail pertaining to Dr Donahue the day I turned it over to counsel to this committee. That was the first time I had actually seen the document.

**Ms Jackson:** Could you turn up exhibit 44, please. This is an edited copy of the document that you turned over to committee counsel, that you turned over to me.

1050

**Mr Decter:** Yes; it appears to be.

**Ms Jackson:** So the committee understands that mechanism, that was in order to deal with the fact that there was some concern about whether the people in the ministry, and specifically Dr MacMillan, could on their



own deliver to me the unedited version of exhibit 44, so you took it upon yourself to do so.

**Mr Decter:** Yes. On the Friday before this committee began its hearings, there was some considerable—I put this carefully as a non-lawyer—jostling among the lawyers as to various interpretations of what counsel to this committee were entitled to in advance of the hearings. I took the view, which was supported by a legal opinion from our own legal services branch, that if something was in the public interest I had the right, on behalf of the ministry, to make it available, in advance of these hearings, to counsel. I also had the ability to direct staff to produce for me documents which I could then hand over. So having advised Dr MacMillan and everyone else that they should consult the independent counsel that we had provided for them, I then took the responsibility for both turning over this document, other documents and also taking responsibility for certain questions being put by counsel to Dr MacMillan and to others. I wanted to expedite the work of the committee and felt that delaying would cost crucial time. So it was in that process of having these documents produced by ministry officials that I had my first glimpse at this document.

**Ms Jackson:** And to the best of your recollection, you had never seen it before?

**Mr Decter:** To the best of my recollection, I had not seen this document before. There is no record of it on my e-mail and I had searched my files to find whether a copy might have been transmitted to me, and found no copy of it.

**Ms Jackson:** I have not asked you this before, Mr Decter: In light of the process that I learned about last night for retrieving erased e-mails, do you know if anyone has attempted to determine whether this e-mail, which is exhibit 44, or the one we looked at a moment ago—exhibit 13—might have been copied and sent to you and then erased?

**Mr Decter:** No one has looked at that, but I will tell you that—this is an embarrassing confession after seven months on the job—I do not know how to erase e-mails on my system. The consequence is that every e-mail I have ever received is still in my in-box. So when I read my e-mails I have a large accumulation of e-mails there. I am certain from my review that none of these e-mails ever turned up on my system. But we have already earlier agreed to have a full review done, and I would presume that would include any e-mails in my system, past or present, pertaining to Dr Donahue.

**Ms Jackson:** Apart from having seen the document, is it possible that the contents of it and the specific statements that are made in it about Dr Donahue were discussed with you?

**Mr Decter:** It was clear through the period from November 7 on that we were dealing with a significant issue in Sudbury. As it turned out, the significant issue in our emerging view was not dermatology services but was cardiovascular-cardiology services, and that is where our attention really went. Through the period Dr LeBlanc, who is my adviser and senior official on the agreement—management implementation of the agreement with the OMA—would have discussed with me on a number of

occasions, in general, the Sudbury situation. I do not have any specific recollections of information being passed along. I did form an opinion that the real issue in Sudbury was the cardiology-cardiovascular physicians and that the Donahue issue, if you like, was sour grapes over the de-insurance of epilation. I had that view early, and frankly would still hold that view today, that it was not a threshold issue; it was simply the epilation issue being put forward as a consequence of the threshold payment.

**Ms Jackson:** When you say it was sour grapes as a result of epilation, I take it you are saying you thought that Dr Donahue's real problem was that his electrolysis practice, which had been funded by OHIP, was not going to be funded by OHIP any more.

**Mr Decter:** Yes. In fact, he had indicated that himself in one of the radio transcripts, that he was going to open his electrolysis practice on a private basis under the name, the Doctor's Studio, or something like that. So it seemed to me that he was, even early on, indicating that he was going to stay in the business, but not on an OHIP-paid basis. Of course, the rates one can charge for this business in the private marketplace are a good deal less than the rates OHIP was paying.

I remember this because I got myself in a wee bit of trouble in an interview with Robert Sheppard from the Globe, who was in to see me. It must have been about the same time that this was going on and I made a reference, with reference to Dr Donahue's comment, that there was some room for the private sector, and this was unfortunately taken by Robert Sheppard as consideration of opening up the health care system to more private enterprise. His column led to some unease around the ministry and government because my comment, which had been, I suppose in retrospect, an unfortunate one, was to the effect that, you know, we were not prohibiting physicians from being involved in electrolysis; what we were doing was removing it as an insured service and they were quite free, as Dr Donahue is, to offer the service to patients on a cash basis, the same way that cosmetic surgery that is non-OHIP-insured would be offered. So I have a memory, because of the Sheppard article, of being aware that this was a service that was moving, and also that Dr Donahue was a major player in electrolysis, but I would have known that from last February. I am sure I had that confirmed to me some time in November by Dr LeBlanc.

**Ms Jackson:** Because you thought it was mainly an electrolysis issue and not a threshold issue, and because you were chiefly concerned with the cardiology issue, is it fair that your recollection is probably clearer with respect to items that you thought were the real issue, namely, cardiology, than with respect to Dr Donahue, which you did not think was the real issue?

**Mr Decter:** Dr Donahue was seen by me then as largely a side issue around the Z121D insurance.

**Ms Jackson:** Z121D being electrolysis?

**Mr Decter:** Yes.

**Ms Jackson:** The code that was delisted?



**Mr Decter:** Yes. We had expected some amount of negative publicity and reaction over the electrolysis issue. You know, there was nearly \$10 million of service being provided. As is true in the health system, virtually everything is somebody's income, so any change you make generally provokes a reaction from some quarter. We actually had way less reaction on electrolysis than we had anticipated, but that is how I had the issue categorized in my mind.

**Ms Jackson:** Having categorized it with that level of priority, is it fair to say that your memory, with respect to conversations concerning Dr Donahue, is perhaps not as good as your memory with respect to conversations on cardiology and things that you thought were the real issue?

**Mr Decter:** Yes. I think it also accounts for my comment, also in the *Globe*, about Sudbury, that we had to separate noise from reality, a quote that was played back to me with some vigour when I attended in Sudbury on December 5. But it was my view that there was a real issue, substantive issue, which we think we have subsequently addressed by changes to the underserviced area program, but that that issue was a different issue than Dr Donahue and epilation.

**Ms Jackson:** Although, in your mind, he was not the central issue, Dr Donahue, of course, continued to be noise, as you put it, or a problem for some period of time into December?

**Mr Decter:** No, the issue really shifted the minute cardiology, cardiovascular surgery, came into it, which would have been the tail end of November, when Dr Abdulla and—I do not remember; there was a cardiologist who also announced that he was considering closing his clinic. That was a far more serious issue. Most of the pressure that came on me in that period was around the cardiovascular services which are in some ways an unusual northern achievement. To have a tertiary service of that sort located in the north is quite an achievement, and that was a very serious concern, that that service might be impacted, not only for us, but we had lots of calls from a variety of places. I had a visit from Minister Martel in this period because of her concern about the cardiology-cardiovascular service impacts of the threshold.

**Ms Jackson:** I am going to come to that, but it is fair, is it not, that through at least the latter part of November, although the focus increasingly shifted to cardiology, Dr Donahue continued to be a figure in the Sudbury district, in the Sudbury doctors situation?

**Mr Decter:** Yes. He was certainly prominent on the 5th when I attended the community meeting.

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**Ms Jackson:** And in the course of your conversations, then, with Dr LeBlanc on the Sudbury doctors situation, although you may not now recall it, is it fair that you may well have discussed some of the information about Dr Donahue's practice that was contained in the e-mail you did not get?

**Mr Decter:** I have no specific recollection of conversations on Donahue with LeBlanc other than I have a good

general sense that he confirmed my view that this was an electrolysis issue, not a threshold issue.

**Ms Jackson:** As well, I think you said some point in this period you learned he was on the underserviced area program.

**Mr Decter:** Yes. In fact—

**Ms Jackson:** So you were having conversations about Dr Donahue, but they were not prominent in your mind.

**Mr Decter:** He was not the main issue, and it was a kind of sidebar issue which we felt we had to get off the plate so we could get at the major issue, which was—

**Ms Jackson:** I understand, and I just want to make it clear that with respect to the contents of the e-mail about Dr Donahue, you may or may not have talked to Dr LeBlanc about those contents you now cannot recall.

**Mr Decter:** I have no recollection of conversations specifically about the e-mail or the contents thereof.

**Ms Jackson:** You have no recollection, but you might have discussed it; you do not know.

**Mr Decter:** Well, I would—anything is possible.

**Ms Jackson:** All right. Then can I just—moving through the chronology of November—take you to the day after this e-mail was sent, November 14—sorry, November 13, the day the e-mail was sent? That was a day we have heard from Dr MacMillan was a joint management committee meeting.

**Mr Decter:** Yes. It was an all-day meeting up at Sunnybrook hospital.

**Ms Jackson:** What is the joint management committee?

**Mr Decter:** The joint management committee is a creation of the framework agreement between the government and the Ontario Medical Association, the agreements that I led the negotiations on on behalf of the government. It is a committee comprised of representatives appointed by the government and by the Ontario Medical Association, five from each side. It has terms of reference set out in the agreement and I am designated as the co-chair of that committee by the agreement. I do not remember whether the November meeting was our second or third, but it was one of our early meetings. We meet monthly.

The purpose of the committee is to try and secure a better management of the \$3.5 billion, approximately, of physician billings by consensus among the parties. It is something that I think, to give full credit, was a concept that Dr Barkin had developed and had fought for for several years and we were finally able to achieve it in the agreement last year.

**Ms Jackson:** Now, you have been good enough to give us a copy of the minutes of that meeting of November 13, and an edited version of those is now circulating. I should make it clear to committee members that this editing relates to things that are not only confidential but they are irrelevant to the committee's proceedings. So there is no intention to go in camera and explore what has been edited out of this document, but what remains in is something that relates to the threshold agreement, namely, the care and maintenance of the agreement.



**The Chair:** And this, to the members of the committee, is exhibit 72.

**Ms Jackson:** Thank you, Mr Chairman.

On page 6 there is an indication in respect of the threshold agreement that "Dr Graham described a case expected to result in access problems in which physicians went to the media because they were frustrated by the delays in establishing exemption criteria." Do you know, Mr Decter, if that is any reference to the situation involving Dr Donahue?

**Mr Decter:** No—well, you are asking me if I know. My memory—

**Ms Jackson:** Well, was there any mention of Dr Donahue?

**Mr Decter:** My memory of this discussion is that Dr Graham had raised a point concerning a group of physicians in her home community of North Bay, but that is my memory. Her memory would be a better one to test.

As you can imagine, in chairing an all-day meeting of this sort, one's ability to recall very specific details is limited. The committee does not deal, however, with individual physicians' situations. As you can imagine, it is a broad policy committee, and as the minutes indicate we were discussing the overall issue of the threshold. This was the meeting at which it was communicated by me to the OMA that the minister had made a decision not to approve individual exemptions for the balance of 1991-92.

**Ms Jackson:** Do you recall any discussion of Dr Donahue in that meeting?

**Mr Decter:** No, I do not recall any discussion of Dr Donahue in that meeting.

**Ms Jackson:** Or any review of financial statements or a discussion of his practice?

**Mr Decter:** No. There has never been a discussion at the committee of any individual physician's situation, and review by the committee of financial records of a physician would be a violation of the privacy act provisions. We are currently entering into an agreement through this with the OMA to share data, but those are data that are of an aggregated form that would meet the test set forward in FOI for it. This is not a forum for the discussion of individual physicians, nor has it been used for that purpose.

**Ms Jackson:** First of all, on November 14, the day after this meeting, do you recall any discussion about Dr Donahue at all on that day?

**Mr Decter:** No, I do not.

**Ms Jackson:** On the morning of November 15, do you recall discussing Dr Donahue with Susan Colley?

**Mr Decter:** I do not have a specific recollection, but I think it is fair to say, based on the emerging issue in the press, we were discussing how to respond to it. You know, there were a good number of discussions back and forth between various staff in the minister's office and myself, largely them pushing for what were we going to do about the issue of Sudbury, and I think my response which emerged over that period of a couple of days was the letter that I eventually sent to Dr Donahue.

I had indicated to the minister's office that, one, this seemed very much like the epilation issue and, two, that we had no ability to judge whether Dr Donahue, if we took him at face value in terms of the media comments—whether the threshold was the cause of his need to lay off staff and close his clinic.

You see, it is impossible from the government side of this equation to know someone's financial picture. All that OHIP would know is how much money it was paying him and for what services, but the expense side of a physician's practice is invisible to the government and an area of lively debate, I should say, at negotiations. Are physician overheads 40% or 30%? Do they decline as a percentage as billing levels go up? These are all much-debated questions between the profession and the government over the last two decades in this province.

The only way the government could have access to a physician's cost of practice, and therefore the only way the government could determine whether in fact the threshold was the cause for the layoffs, would have been for Dr Donahue to voluntarily, if you like, open his books. The reason for my letter to him was very much to say that; that we had no ability to respond to his rather vociferous public criticism without his agreement.

**Ms Jackson:** Before you get to the question of his costs, the question of whether he has a threshold problem at all was one you were sceptical of, because your suspicion was that a substantial portion of his billings would be epilation.

**Mr Decter:** That was only one of the reasons. Although the public issue developed that we were not providing exemptions from the threshold, we actually had provided, by way of the agreement and subsequent decisions, a substantial number of exemptions. For example, the agreement provides that any physician enrolled in the underserved area program is exempt from the threshold.

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**Ms Jackson:** And that was the second reason you were sceptical of whether he had a threshold problem?

**Mr Decter:** Once I had learned that he was in the underserved area program until the end of August. I already knew that he was a substantial player in epilation. We did two things with epilation. We did not want to, if you like, hit the physicians with a double whammy, the ones engaged in it. So when we agreed with the OMA on the de-insurance, we also agreed to exempt code Z121 from the threshold. All the earnings for all the physicians performing epilation—all their earnings from that code—were also exempt. It seemed highly improbable to me that someone who had all his earnings until the end of August exempt and all his epilation earnings, period, exempt, was likely to be hitting the threshold in a substantial way.

**Ms Jackson:** But that question was one you could answer from inside the ministry's records. You do not have to have Dr Donahue open his books to tell you that.

**Mr Decter:** If you take it simply as a question of whether he mathematically was likely to hit the threshold or not—of course, this is unknowable because the threshold is a perspective thing. You cannot go back and look at 1990-91 and know what someone's pattern of practice



would be. For example, staff have estimated that a substantial portion of the people we think will hit the threshold, if they take a couple of weeks' holidays in March, will not, so this is a very variable kind of thing.

**Ms Jackson:** From anybody's perspective, either Dr Donahue's or the ministry's, to find out if he has a threshold problem in the balance of the year, you are going to have to do a projection.

**Mr Decter:** Yes.

**Ms Jackson:** And the ministry is able to do that kind of projection.

**Mr Decter:** Not with enormous skill, but yes.

**Ms Jackson:** Well, they were doing it all the way through the fall with all sorts of physicians.

**Mr Decter:** And all sorts of changes in numbers.

**Ms Jackson:** They were projecting who was affected.

**Mr Decter:** Yes. That is why my offer to Dr Donahue was kind of double-barrelled. One, he could, you know, give us access or, two, he could simply meet with Dr MacMillan and they could review this. I think it is important to understand our view as a ministry of what was happening. Our view was that there had been a colossal misunderstanding in Sudbury around this issue. That is what I went up to say on December 5 and that is what I did say on December 5 and that is what I said to Dr Donahue in writing before that date.

**Ms Jackson:** Okay, but just sticking with Dr Donahue, you are sceptical he has a threshold problem. You could get a pretty good answer to whether your scepticism is right or not by looking at the ministry's billing information and finding out, exclusive of epilation, what does his practice look like on a monthly basis?

**Mr Decter:** Yes. I did not feel I had a need to know that to deal with the situation, and this process runs on a need-to-know basis. In the seven months I have been there, I have not had a look at any physician's individual billings because, frankly, there is a lot of pressure. I get lots of letters and calls from individual physicians. As you can imagine, with over 20,000 physicians in the province, if the Deputy Minister of Health starts delving into the affairs of individual physicians, it is a pretty significant misallocation of management time. I simply would be doing somebody else's job, and that is not my job.

**Ms Jackson:** I am not suggesting, Mr Decter, that you would do the analysis, but you certainly were involved in dealing with Dr Donahue. Rightly or wrongly, that issue was one of the issues you had under consideration, with others: what to do about him. Is that fair?

**Mr Decter:** And what I did about it was to write him a letter saying, "We can't deal with your alleged situation unless you are willing to share information with us."

**Ms Jackson:** You could not deal with it publicly without that information. You could make an internal assessment as to whether he had a problem by looking at your own records.

**Mr Decter:** The offer of Dr MacMillan meeting with him was our attempt to address that. It is the same way we dealt with the—

**Ms Jackson:** Sorry, just keeping with that question for a minute, you cannot go public with your own assessment of Dr Donahue and whether he does or does not have a problem without his consent or without his opening his books. But within the ministry you could find out whether or not he really had a threshold problem, could you not? It is a pretty good handle on it.

**Mr Decter:** If I feel that in order to give the minister advice on policy I need to look into the affairs of an individual physician, I am entitled under law to do that. It was not my view then and it is not view now that one needs to go to the level of individual physicians. The Sudbury issue as such and the threshold issue as such were best dealt with on the basis of aggregated information, and that is the information I sought and received.

**Ms Jackson:** But the problem, Mr Decter, the reason I am not understanding that answer, is that you did get involved with trying to see whether Dr Donahue had a problem or not, at least to the extent of writing to him and saying, "You should open your books and then we will be able to deal with this." So you were dealing with an individual doctor's situation.

**Mr Decter:** I had the view that we were dealing with an epilation situation and that what Dr Donahue had been able to do was dress it up as a threshold situation. My letter to him was to try and get him to understand how the threshold really worked and what exemptions had already been granted.

**Ms Jackson:** So that assumes there is not a threshold problem, there is an epilation problem.

**Mr Decter:** That was my assumption.

**Ms Jackson:** And whether that was a fair assumption or not could have been gleaned by looking at the ministry's records and, in particular, the amount of his epilation billings?

**Mr Decter:** I presumed that if I were badly off base on this assumption, either Dr LeBlanc or Dr MacMillan, who were aware of the letter, would have signalled me that that was not the case. I did not need to have access to that information.

**Ms Jackson:** So the check on whether what you are doing accords with the ministry's information base and the decision as to how much of that to communicate to you is with Dr MacMillan and Dr LeBlanc?

**Mr Decter:** Generally with Dr LeBlanc. I will say here that on a number of occasions when I become particularly wrought up about some issue and direct that a letter be prepared, Dr LeBlanc will sit on the letter for a couple of days until I am maybe calmer and he will come to me and say, "You don't really want to send this letter." So I was used to Dr LeBlanc, who had worked with me on the negotiations, providing, if you like, a kind of sober second thought on the advisability of sending a tough letter out, whether to the OMA or to anyone else. In this case there seemed to be general support from both our legal people



and from Dr LeBlanc for the idea that the best way to deal with Dr Donahue was to send him this kind of a letter.

**Ms Jackson:** In the course of resolving what to do, you recall having discussions with Susan Colley, but I take from what you say you do not recall specifically when you had them?

**Mr Decter:** No. It would have been the tail end of that week or the beginning of the next week.

**Ms Jackson:** You do not recall specifically what information you had already received from Dr LeBlanc or Dr MacMillan and might have passed on to her?

**Mr Decter:** I would have had only general information to pass on to her.

**Ms Jackson:** Do you recall specifically what information you did pass on to her?

**Mr Decter:** No, I do not.

**Ms Jackson:** All right. I take it from what you say—would you expect that you would pass on to Susan Colley detailed billing and practice information about Dr Donahue?

**Mr Decter:** No, although I have been directed by the minister since my arrival to treat Susan Colley, who is her senior political aide, as I would treat the minister; that is, Susan Colley is entitled, based on the directive I have from the minister, to access to information generally in the ministry. However, I have never provided personal information to the minister.

I advised her early on, largely reactive to what I was able to learn about Minister Gigantes's resignation, that it seemed extraordinary folly to me for a minister to have information that he or she is not entitled to put in the public domain, and I would extend that same logic to the minister's staff. So that my view was and remains that while there is a legal ability to know, there is not a need to know and that information is best kept at a level in the ministry where it is absolutely required for working purposes. As you can imagine, a ministry that has gone through the trauma of losing a minister over an FOI issue is a ministry that is significantly sensitive to those issues.

**Ms Jackson:** I take it from that that even where there is a need to know you would be very hesitant to provide information of a confidential nature to the minister, to guard against the blurring-out response?

**Mr Decter:** I would want a written directive. We have had this conversation on a couple of occasions and my view is that there is almost no circumstance in which a Minister of Health needs to know information at that level. We are dealing with large-scale policy issues. We are dealing, even in the threshold case, with the ability, I think, to provide the minister with all the insight she needs based on aggregated data, and that is what we use.

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**Ms Jackson:** Is it fair to say that you could be a little clearer with what you can provide Susan Colley, because you do not have to guard against the blurring-out reaction in the executive assistant as opposed to the minister?

**Mr Decter:** I think that is fair. There would be times when Susan Colley would have to be certain of advice that we were giving, to assure herself that she could support that advice from her side of the operation. But that would still stop well short of anything that would be personal information under FOI.

**Ms Jackson:** Do I take it from that that you would not expect that you would indicate to Susan Colley, for example, the specific amount of epilation billing that Dr Donahue was doing?

**Mr Decter:** In fact, unless you were to put me in camera and let me have another look at that memo, I would not know what the specific amount was and would not have known of that amount in this period. One could hazard a guess, based on 14 staff and the public stuff, that he was doing a great deal of it, but I do not know that number and I would not have known that number at any time except during the handover of whatever the exhibit number is.

**Ms Jackson:** Sorry, the handover of the e-mail from Mr Teatero?

**Mr Decter:** Yes, to you and to Mr Taman.

**Ms Jackson:** I understand from what you are saying that you would pass on to Ms Colley specific kinds of services that were done by Dr Donahue and whether they could be done by others.

**Mr Decter:** That is a different question. The issue—and it is a complicated one—is, if an area is underserved for a particular specialty—I will walk through this carefully because it goes to the heart of part of the threshold issue—you have to ask the question as to whether the physicians, those specialists, are actually providing specialty services.

Let me make that less complicated if I can for the committee. If there is a view, for example, that there is a shortage of obstetricians in, say, Windsor, one might in the first round feel that one could get to that on a simple calculation of population and number of obstetricians and what the royal college would recommend, but one would want to take a general look or a hard look at whether the obstetricians were actually performing obstetrical services or whether a great deal of what they were doing could equally be provided by family practitioners. So the issue of the composition of a physician's billings is a relevant one.

In fact, the amendment that has been agreed to to the underserved area program between the government, the minister, and the Ontario Medical Association specifically provides for a practice review as a condition of an application, very much to get at that issue. If, for example, an area has a sufficient number of family practitioners or a surplus of family practitioners, while one could get on a mathematical ratio to a shortage of obstetricians, there may be no shortage in fact of available physicians to deliver babies—that is, a family practitioner could do that just as effectively. So there is a need, I think, in this whole issue to look at the composition of what a specialist physician is doing, as well as their numbers.

**Ms Jackson:** I take it, though, from what you said earlier that you do not think it likely that you would say to



Susan Colley that Dr Donahue is doing a large amount of a particular kind of service.

**Mr Decter:** Well, epilation, because—

**Ms Jackson:** Other than epilation.

**Mr Decter:** No, I would not have had any knowledge of that.

**Ms Jackson:** And if you had any knowledge, you would not expect you would pass it on?

**Mr Decter:** No.

**Ms Jackson:** At some point in this period, post-November 15, you had a meeting with Shelley Martel, did you?

**Mr Decter:** Yes. I have not been able to situate the date. It was the week that ended with the November 30 meeting. I can recall the conversation quite vividly. I had a call in the morning from Minister Martel, who wanted to see me to talk about the cardiovascular-cardiology situation in Sudbury. I remember it because she wanted to come to my office and I said, on protocol grounds, it was quite wrong for a minister to visit a deputy minister. It would be much more appropriate for me to come to her office. She said no, she was between meetings and she would drop in over the lunch-hour to see me for a few minutes to convey her concerns. So I remember the conversation. I had, as part of my duties in Manitoba, responsibility for protocol and I still consider it quite wrong that a minister would journey to see a deputy minister. It is not how it should work.

I remember the meeting well because I think it was probably the first time I had had a meeting with Minister Martel. I had been, during the negotiations, before committees on which she had sat, but I had never had and have not since had a one-on-one conversation with her. She had had a meeting with the cardio—if I can abbreviate it so I do not have to say “cardiovascular-cardiology” all the time—the cardio people, physicians in Sudbury, and she had, on what I recall to be some green paper, extraordinarily detailed notes on her meeting, down to the level of details about these physicians’ practice, all of which they had provided to her. She had written it down.

I recall thinking, “Oh, my God, if I get into the detail of this,” I mean, it is the same reaction that I have generally, that you cannot do my job and get into the detail of individual physicians’ activities. You would just be swallowed up. So I let her keep the papers. I did not want to really get into the issue at that level. I said to her that we were concerned, on what we had learned, that there might be an impact on cardio services in Sudbury, and that my response was that Dr LeBlanc and Dr MacMillan were going to Sudbury on the Saturday, which I think was November 30, to meet with those physicians. That answer seemed to satisfy her and that was the end of our conversation.

But I would say two things about it. One, she was very, very concerned about the cardio situation. She felt that it was a very serious situation. That was the issue we dealt with, and she seemed satisfied with my response that I would send the two relevant people up to this meeting.

**Ms Jackson:** Did you keep any notes or record of that discussion?

**Mr Decter:** No.

**Ms Jackson:** You have said you think it was in the week leading up to November 30, which was a Saturday. Is it possible it was the previous week?

**Mr Decter:** It seems unlikely to me, but again, because it did not show up on my schedule, because it was set up on short notice the same morning, my memory of it was that it would have been that week, but it could have been the previous week.

**Ms Jackson:** And how long did this discussion take?

**Mr Decter:** Oh, 10 or 15 minutes. It was a pretty short meeting, once I could get her to stop telling me all the kind of details she had and push it back to a policy level.

**Ms Jackson:** Do you recall any discussion of Dr Donahue in that meeting?

**Mr Decter:** No, I do not.

**Ms Jackson:** Is it possible that there was some and it just does not stick in your memory because, as you have said before, you did not think that was the main issue?

**Mr Decter:** At best, there might have been a passing reference, but my memory is that she was very, very focused on the cardio issue. That was the main issue. But I think, to the best of my recollection, we never discussed Dr Donahue.

**Ms Jackson:** Can you turn up exhibit 59, please? In terms of locating it in time, that is a memo from Susan Colley to your executive assistant asking for a debriefing on the meeting between the two of you. As far as you know, you only had one meeting with Shelley Martel?

**Mr Decter:** Yes, I had only one meeting with her. This would—

**Ms Jackson:** So it would pre-date this e-mail?

**Mr Decter:** Yes. So it would suggest, if we are counting back, that it would have been the 25th or the 26th.

**Ms Jackson:** Or, as you have said, possibly the week before.

**Mr Decter:** It could have been the week before, but—

**Ms Jackson:** If it was the week before, that is the week in which you wrote to Dr Donahue suggesting he open his books?

**Mr Decter:** You are—

**Ms Jackson:** Let me just give you the letter to remind you. That is November 19.

**Mr Decter:** Yes. Well—

**Ms Jackson:** And if we could mark that as the next exhibit, Mr Chairman, I think exhibit 73.

**Mr Decter:** I think you may be oversimplifying to suggest that the letter was simply about opening his books. The letter was, first of all, to try to correct the misunderstanding, but in terms of time sequence, yes, it is most likely that I met Martel after this letter went and certainly before Sue Colley asked for a debriefing on the meeting.

**Ms Jackson:** And during the—

**The Chair:** Sorry; that will be marked as exhibit 73.



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**Ms Jackson:** So your meeting with Shelley Martel was either just before or just after the sending of this letter and at a period, I assume, when you were still awaiting a response to the letter?

**Mr Decter:** I have never received a response to this letter.

**Ms Jackson:** I understand, but in the period immediately afterwards you would not know that. Is that right?

**Mr Decter:** True.

**Ms Jackson:** So you were still awaiting a response to this letter?

**Mr Decter:** Yes.

**Ms Jackson:** So Dr Donahue was still an issue at this point?

**Mr Decter:** My own—

**Ms Jackson:** Not the most important one in your own mind, I think that is clear, but he was still an issue.

**Mr Decter:** Yes.

**Ms Jackson:** What you say in the third paragraph is that you are requesting his “consent to release the above-noted information publicly, in order to ensure compliance with this legislation”; that is, the freedom of information act. Are you speaking about releasing information you obtained from him or releasing information obtained from the ministry?

**Mr Decter:** Well, I think if you follow the logic of the paragraph it is first of all a request—sticking with this paragraph as opposed to the more general points made above. We had no awareness or I had no awareness if any of the above measures would impact on his practice. The request was first of all for him to give permission to determine the actual impact of the threshold payment, and then, second, to allow the ministry to say something publicly; that is, “There is no impact,” or, “There is an impact.”

**Ms Jackson:** All right. Let me take you back to the paragraph before that one, the second paragraph. You make reference to the underserviced area program and the fact that epilation is exempted from the threshold and then you say, “I am unaware if any of the above measures will make an impact on your practice.” By this date you did, of course, know that Dr Donahue had been on the underserviced area program till the end of August.

**Mr Decter:** Yes.

**Ms Jackson:** So you certainly knew—

**Mr Decter:** Well, no, let me be fair. I learned somewhere between November 8 and December 5. I do not recall when in that period I became aware, but somewhere there.

**Ms Jackson:** I think you earlier said you had known by the time you sent this letter.

**Mr Decter:** I think that seems like a reasonable assumption.

**Ms Jackson:** So is it not fair that you must have known it would have an impact on his practice but you did not know the amount of the impact?

**Mr Decter:** I think that is fair.

**Ms Jackson:** In respect of epilation, again, you knew that he did a reasonable amount of epilation, so you knew that the delisting of that would have an impact on his practice but you did not know the amount of the impact.

**Mr Decter:** Yes. If you are suggesting that a better wording of that sentence would have said, “I’m unaware of the extent of any impact of these measures on your practice,” that would be 20/20 hindsight.

**Ms Jackson:** That last sentence in hindsight rather understates the level of knowledge you had about Dr Donahue’s practice at that time, does it not?

**Mr Decter:** It could be read that way.

**Ms Jackson:** And you never received a response?

**Mr Decter:** No, although when I visited Sudbury on December 5 there was a story in the newspaper in which Dr Donahue said he had no intention of sharing any information with the government, and he repeated that statement at the public meeting on December 5. So I was aware on December 5 that he was unlikely to send a favourable reply.

**Ms Jackson:** All right. Let us come, then, to the December 5 meeting which you attended in Sudbury. Can I ask you, first of all, to turn up exhibit 8, which is the media package that was prepared for that meeting. My question on that, Mr Decter, is if you know when that was available.

**Mr Decter:** My memory is that it was available by plane time—I mean as a package—on the 5th when we went up and that there was some scrambling to get all of it together, but it must have been available somewhat earlier, because the whole package was vetted for FOI considerations by Andrew Parr at my request.

I wanted to be very sure that in trying to clear up the misunderstanding in Sudbury and in trying to have some examples which illustrated the rather large number of exemptions that had already been made—we were trying to shift ground from the view that no exemptions were being made to the more accurate perception that a number of exemptions had already been made which would have an impact—I wanted to be very sure that we had no FOI exposure on the package. I think Mr Parr would be able to tell you when he conducted that review, but he obviously had to have had the package for some number of hours to review it. But it came together, I think, through that week in stages.

**Ms Jackson:** And once it came together it was reviewed by Mr Parr? Is that the way it works?

**Mr Decter:** That is my understanding, yes.

**Ms Jackson:** So it would have been available in its reviewed form just shortly before the actual trip up to Sudbury on the 5th.

**Mr Decter:** Yes. My memory is, we went back and forth a bit on the speech.

**Ms Jackson:** Within the package there is a list, on this question of who is already protected or exempted, of specialists on the underserviced area program that is dated October 31, 1991. It is a list of 11 pages about in the second half of the package. Have you found that?

**Mr Decter:** Yes, I have.



**Ms Jackson:** Is it fair that this is one of the things that you wanted vetted by Mr Parr?

**Mr Decter:** My memory is that this was public domain information. I do not know if it had been sent out as of October or November. I wanted the whole package vetted, but my understanding of this list was that it was public information.

**Ms Jackson:** All right, some time earlier than that week, then.

**Mr Decter:** Well, presuming from the date of October that it would have been something that was extant.

**Ms Jackson:** Is that just a presumption from the date or do you have any actual recollection of it being publicly available?

**Mr Decter:** No. My recollection is that I was told it was public information. The rest is a supposition from the date.

**Ms Jackson:** All right. Was Dr Donahue present at the December 5 meeting?

**Mr Decter:** Yes, he spoke at the December 5 meeting.

**Ms Jackson:** And did you learn anything about his practice that you did not already know as a result of that?

**Mr Decter:** No, I did not.

**Ms Jackson:** Do you remember what he said?

**Mr Decter:** Let's see if I can separate Dr Donahue. There were, as I recall, somewhere between 15 and 25 speakers at the meeting, including a number of physicians. Dr Donahue, as I recall, spoke fairly early. There was a young child who came out of the crowd with a petition, I think a patient of Dr Donahue's. I recall him saying quite forcefully that the issue was not his billings; the issue was service. I remember when I spoke, echoing that, saying that one of the great dilemmas of a fee-for-service system is simultaneously someone's billing is also service, so one has the dilemma in this instance that the two are not easily separable.

Beyond that, I think I was more impressed by the oratory of the gentlemen from Mine, Mill, from the Steelworkers and from the two opposition parties than I was by Dr Donahue's speech.

**Ms Jackson:** Does that mean you do not remember anything more about it?

**Mr Decter:** No, but I believe the entire meeting was videotaped and, as I indicated to Mr Taman several weeks ago, I, for one, do not want to sit through another rendition of it, but counsel might.

**Ms Jackson:** All right. Was Dr Hollingsworth there?

**Mr Decter:** Yes, he was.

**Ms Jackson:** Did you know who he was before?

**Mr Decter:** No, and I recall this because when he got up to speak—I had been able to work out who a number of the physicians were and some of them introduced themselves or were introduced, but Dr Hollingsworth, as I recall, got up without an introduction and I was not certain who he was. Dr MacMillan was sitting next to me. I turned to him and said, "Who is that?" I had the media package on my lap because I was getting ready—it turned out I had three hours to get ready to say my piece, but that was not clear to me at the beginning of the meeting. He, as I recall,

pointed at Dr Hollingsworth's name on the list rather than speaking, because it was not an environment in which you wanted to have a conversation. So that is, I think, when I learned that was Dr Hollingsworth up saying those things.

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**Ms Jackson:** Was it this list of specialists that we are looking at that he pointed to?

**Mr Decter:** I do not have a very clear memory. I remember him pointing at Hollingsworth's name on something, you know. I think it was probably that list, but I could not tell you for certain.

**Ms Jackson:** Do you know if it was on a list or might it have been in something else?

**Mr Decter:** The only memory I have is that he pointed at the name on something rather than saying it to me.

**Ms Jackson:** Do you remember if he reached into his briefcase and pulled out a file when he did that?

**Mr Decter:** No, I have no memory of that.

**Ms Jackson:** Do you remember whether or not he had a confidential file on his lap when he did that?

**Mr Decter:** No, I do not. To the best of my knowledge, we both were sitting there with the media package on our laps.

**Ms Jackson:** But you do not specifically recall what he had?

**Mr Decter:** No, I do not.

**Ms Jackson:** All right. I understand that at that meeting, in addition to yourself, there was a Mr David Sword from Ms Martel's office?

**Mr Decter:** Yes.

**Ms Jackson:** And Ms Murdock, the MPP?

**Mr Decter:** Yes.

**Ms Jackson:** And Paul Howard from the Ministry of Health office?

**Mr Decter:** Yes. Four of us came up to the meeting: Dr LeBlanc, Dr MacMillan, Paul Howard and myself.

**Ms Jackson:** Was there anyone there from Mr Laughren's office?

**Mr Decter:** Not to the best of my memory, but it was rather a large meeting and there might well have been.

**Ms Jackson:** After the meeting, do you recall discussing the meeting with those people?

**Mr Decter:** Yes. We adjourned to the hotel—I do not recall the name of it—and had a few drinks and licked our wounds, if I can put it that way. It was easily the most difficult meeting I have ever been at in my life. There was a great deal of anger and a great deal of misunderstanding about the issues, and we adjourned.

**Ms Jackson:** Do you recall if there was any discussion at any time through the evening of Dr Donahue, apart from what Dr Donahue said himself?

**Mr Decter:** No, there was not. The discussion was of the meeting, and there was certainly no discussion in that forum of Dr Donahue or any other physician.

**Ms Jackson:** The next morning you returned to Toronto, I understand?



**Mr Decter:** Yes, I did.

**Ms Jackson:** To deliver a speech at a law and ethics conference in Toronto fairly early in the morning?

**Mr Decter:** Yes. It was a very long night. When I could not get to sleep I put the TV on, and they were rerunning a broadcast of the meeting, about the last thing I wanted to see.

**Ms Jackson:** Not a great night.

**Mr Decter:** It was not a good night. I think if I were not so fond of Gilbert Sharpe I would have probably not gone to do the speech because I was feeling pretty run down, but that morning we also had a meeting of the forum. We have a monthly meeting, not only with the Ontario Medical Association under the joint management committee but we have created or recreated a forum with the Ontario Hospital Association, and it was to meet that whole morning. Gilbert had been able to convince both Dennis Timbrell and I to attend his conference on the basis that we would both be late for our joint meeting and that was therefore acceptable.

**Ms Jackson:** So that is how you came to be at the law and ethics conference?

**Mr Decter:** Yes.

**Ms Jackson:** And you left right after you had given your speech?

**Mr Decter:** Yes, a bit.

**Ms Jackson:** Can you turn up exhibit 17, which is in the black book in front of you. That is an exchange of questions from Mrs Dodds to Dr MacMillan arising out of a conversation she had been part of the night before with Shelley Martel. The conversation of course is the genesis of these hearings. Were you present when that exchange took place, Mr Decter?

**Mr Decter:** No. I, as you indicated, came to the meeting frankly just in time for the speech and got up and gave it. I believe Mr Timbrell also made a speech, and we left together immediately after that to come back to the Hepburn Block.

**Ms Jackson:** When did you first become aware of this exchange?

**Mr Decter:** I cannot give you the hour. Dr MacMillan called me, I believe, late that afternoon and mentioned to me that there had been a question raised by someone at the conference. This was rather a large conference, my guess would be 300 or 400 people, and he was concerned because there had been an allegation by this individual that there had been some disclosure or potential disclosure of information. I did not get a lot of detail from Dr MacMillan. What he was seeking was my authority to deal with the press on the issue, if need be, and I said, "Certainly, deal with the press."

**Ms Jackson:** Was there any indication to you at that time that this involved Ms Martel?

**Mr Decter:** I do not have any recollection that our conversation was that specific. It was, you know, Dr MacMillan saying, "You know, I was on this panel," or: "I was at this thing. I got asked this question. It could be something

that the media are interested in and do you want me to handle it?" I said to him, "Sure, go ahead and handle it."

**Ms Jackson:** Any indication in that conversation that the issue involved the release of confidential information with respect to a specific physician?

**Mr Decter:** My memory is that it involved an allegation of release of confidential information, but I do not have a clear memory that it was information about a physician.

**Ms Jackson:** Did you give Dr MacMillan the authority to deal with the press?

**Mr Decter:** Yes.

**Ms Jackson:** Did you do anything else as a result of the call?

**Mr Decter:** No.

**Ms Jackson:** When did you next hear anything about the Thunder Bay incident involving Ms Martel and Mrs Dodds?

**Mr Decter:** I had a call the next day. I should say in terms of the sequence of this that Dr MacMillan and Paul Howard and I came back on the Friday morning from Sudbury, but we left Dr LeBlanc behind, some might say as a hostage, for a couple of days. We left him behind because our intent had been to shift the issue, and I had acknowledged in my remarks that we thought there was a real problem and that we were willing to deal with the real problem.

Dr LeBlanc spent Friday and Saturday in Sudbury, meeting individually with a large number of the people who had been involved: the hospital administrator, the physicians. He called me on Saturday several times to let me know what was going on and eventually to have my direction that he should return to Toronto because I thought he was getting way down the road on the issue and we had not had a chance to reflect on all of it.

But in the course of Saturday—I remember it because Eugene and I were back and forth a great deal on the phone—eventually he faxed me the editorial that ran on the front page of the Sudbury Star, which was about the nicest editorial that one could imagine seeing. It was an editorial that strongly supported the government view that facts were not underlying the situation.

Some time that afternoon I had a call from Melody Morrison of the Premier's office. She alerted me for the first time to Minister Martel having said something controversial at what she described as a cocktail party in Thunder Bay. I was aware that Minister Martel was in Thunder Bay, because she was not in Sudbury and the explanation given was that she had a previous commitment to be in Thunder Bay. The Sudbury meeting featured, I think, as a dramatic flourish, empty chairs with the Premier's name, my minister's name, Minister Martel's name and others. The Treasurer had, I believe, tried to get back and was prevented by weather. So I had known Minister Martel was in Thunder Bay.

**Ms Jackson:** Did she tell you anything else about it?

**Mr Decter:** Well, she told me something that caused me not to connect these things together. Her report to me was that Minister Martel had been involved in an argument



which involved a Thunder Bay dermatologist. I said to her, "Well, to the best of my knowledge, I do not even know if there is a dermatologist in Thunder Bay," because I was remembering, you know, the general statements by Dr Donahue that he was the only dermatologist in the north, or one of the only, and that there were patients being flown from Thunder Bay to Sudbury for epilation treatment.

**Ms Jackson:** Did she tell you what Minister Martel was supposed to have said?

**Mr Decter:** Not verbatim, but that she had said some things about the possibility of charges involving a Thunder Bay dermatologist. I guess, in hindsight, my reassurance will not seem terribly well informed. I said to Melody Morrison that we had no issue involving a Thunder Bay dermatologist, that I was not even sure there was one, that I did not think there was much here and that I would send her the package that we had released in Sudbury on the Thursday night, which contained the ministry view on this whole issue. That was the end of our conversation. So on the Saturday I did not connect the MacMillan phone call to the Morrison phone call or either of those things to Dr Donahue.

**Ms Jackson:** What did you understand was the purpose of Ms Morrison calling you on this issue?

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**Mr Decter:** I presume that she wanted to alert me as the senior official in the Health ministry to the possibility that there was a problem of some magnitude. It struck me on the Saturday, and still strikes me, there was nothing of a substantive nature that was going to change between Saturday and Monday, and I made a note that in briefing the minister on Monday morning I should reference the call as well as give her a debrief on the Sudbury meeting.

**Ms Jackson:** Did you do anything else as a result of the information you received from Ms Morrison before Monday morning?

**Mr Decter:** No, I did not.

**Ms Jackson:** Did you know that your minister was going to a cabinet meeting on the Sunday?

**Mr Decter:** Yes, I think I did.

**Ms Jackson:** You did not think this was something that might come up then or that she should know about at that cabinet meeting?

**Mr Decter:** No, I did not, and let me underscore I have called the minister infrequently on weekends. We had a Saturday night on the phone together during the meningitis outbreak in Ottawa. I would tend to confine my calls to the minister on a weekend to issues that would involve health and safety of the population. An issue that was in the category of something that had happened that we were going to have to deal with did not strike me as something that needed an urgent treatment.

**Ms Jackson:** If you had made the connection on Saturday that this was the incident that Dr MacMillan was talking about, and if you had connected that in turn with Dr Donahue, would you have behaved differently?

**Mr Decter:** No, I would not, and I have so informed the minister. I think it is fair to say we would probably disagree on that, but it is not unusual for ministers and deputy ministers to have differing perceptions of urgency on issues.

**Ms Jackson:** Is it fair then that the next event in terms of your involvement with the Thunder Bay incident is your conversation with the minister on Monday morning?

**Mr Decter:** Yes, it was, and if I had not been scheduled to see the minister first thing Monday morning then I might have gone out of my way to make a contact. But absent the connection which I had not drawn between the two incidents, if you can refer to them that way, MacMillan's call of Friday and Morrison's call of Saturday, I did not raise it until Monday morning. My recollection is just as I was raising it on Monday morning Sue Colley received a call. She left our meeting to take a call from the Premier's office and came back with the more accurate portrayal of these events, that they were all the same incident. That is when we first really became collectively aware of the issue.

**Ms Jackson:** At that time did the minister ask you what information you had about the release of confidential information within the ministry?

**Mr Decter:** Yes, and more importantly she asked that all steps be taken to, (1) determine if there had been a release of information, and (2) to ensure that there was no further release of information if in fact there had been any released.

**Ms Jackson:** What did you do to be able to determine, to be able to advise her whether or not there had been a release of information?

**Mr Decter:** There was contact with Bob MacMillan. I do not have a clear recollection of whether I contacted him directly or other staff in the meeting contacted him directly, but we did a round robin of talking to everyone who had involvement with this so that the minister could be assured, by the time she went in the House, of the situation. I believe the assurance given was to the best of our knowledge no information had left the ministry.

**Ms Jackson:** In so far as Dr MacMillan was concerned that was based on some conversation with him by someone?

**Mr Decter:** Yes. I think he would be in a better position to know who spoke to him. I do not have a recollection. It is fair to say that on many of the issues my executive assistant would tend to do the follow-up. In an average meeting with the minister we might cover 15 or 20 issues and follow-up would often be delegated.

**Ms Jackson:** Do you remember what, regardless of who made the call, they were asked to check with Dr MacMillan about?

**Mr Decter:** Whether we had any information that would suggest that personal or confidential information had left the ministry.

**Ms Jackson:** That general? No reference to Dr Donahue, no reference to Shelley Martel, no reference to anything more specific?



**Mr Decter:** I think in the context of Minister Martel's comments—I mean, it was clear what was driving this was the Martel comment in Thunder Bay.

**Ms Jackson:** But you do not know—do you know whether in fact those specifics were given to—

**Mr Decter:** No, I do not.

**Ms Jackson:** —Dr MacMillan when the inquiry was made?

**Mr Decter:** No.

**Ms Jackson:** On December 9 in the House, Ms Lankin said to the House: "I have very specifically asked and received assurances from my deputy minister, who has heard directly from the director of OHIP, that no confidential information with respect to doctors' files and their billings and their incomes has been shared with anyone outside the OHIP department which has proper access to that information. I have not seen it, the Minister of Northern Development has not seen it and no other MPP has seen it."

I take it you cannot recall whether in fact you directly spoke to the director of OHIP.

**Mr Decter:** No, I cannot recall that.

**Ms Jackson:** And apart from who spoke directly to OHIP, is the assurance that "no confidential information with respect to doctors' files and their billings and their incomes has been shared with anyone outside the OHIP department which has proper access to that information" a statement that would have been appropriate based on what you told the minister?

**Mr Decter:** Well, the choice of "OHIP department" is not a term that has an enormous amount of meaning in the ministry. There was at that time a health insurance division which would have involved people in Kingston and in the Hepburn Block. I would—my memory is that the minister was given strong assurances that we had no information about anything leaving and that those were given on the basis of a couple of hours of contact, but—

**Ms Jackson:** But you cannot be any more specific about what.

**Mr Decter:** No, I am afraid I cannot.

**Ms Jackson:** Have you ever discussed this incident with Ms Martel?

**Mr Decter:** No. I had only the one meeting with Minister Martel back in—whichever of those weeks in November. I have not met with her since.

**Ms Jackson:** Have you ever been party to a discussion about how the government should handle this issue in the House?

**Mr Decter:** No, I have not been party to—well, let me be careful about that. I did advise my minister by the 11th of December, the morning of the 11th, that I believed the best way of handling the issue in total was to refer it to the privacy commissioner.

**Ms Jackson:** And that was done?

**Mr Decter:** Sorry?

**Ms Jackson:** That was done?

**Mr Decter:** That was done that morning by me as the deputy.

**Ms Jackson:** Do you recall when you first learned of the e-mail that is now marked as exhibit 44?

**Mr Decter:** I learned that there had been an e-mail on the evening of December 10. I was called at home by Dr MacMillan, who had had a call from someone in the press. It was at that time I learned that there had been material that had come from Kingston to Hepburn and had been subsequently retrieved, and that based on the phone call that Dr MacMillan had had from a reporter, he was concerned that information might not have been fully retrieved.

**Ms Jackson:** Did you inquire of Dr MacMillan why you had not heard about it earlier?

**Mr Decter:** No, I did not. We arranged that we would brief the minister the next morning, early, and that he would be available by phone in Kingston at 8 o'clock or whatever, 7:30, whatever time we were meeting, so that he could provide briefing. The next morning we decided that he should come down to Toronto, as the gravity of the thing became clearer to us.

**The Chair:** Thank you. I have been informed by counsel that that is basically the completion of her questioning. There may be the need for a few minutes of questioning by counsel when we resume at 2 pm. At this point in time, I would recess this until 2 pm.

However, for members of the committee, just before we do so, I would like to indicate that we are going to be distributing as exhibits 74 and 75 the edited transcript of in camera proceedings of February 17 with Dr Hollingsworth, and the edited transcript of an in camera proceeding of February 19 with Mr Corea. That is going to be marked, the February 17 edited transcript, as exhibit 74, and the edited transcript of February 19 as exhibit 75.

Having said that—

**Mr Christopherson:** On a point of order, before we leave.

**The Chair:** Mr Christopherson, yes.

**Mr Christopherson:** I had asked earlier this morning, and I just made reference to that entire—I said "that week," and now we are only getting a part of that week. There is—sorry?

**The Chair:** Mr Christopherson, during that week, this is all of the in camera proceedings.

**Mr Christopherson:** Oh, okay, last week. I think I made the reference last—I have to check the Hansard if I have been unclear.

**The Chair:** I think you were probably referring to last week's in camera proceeding, if I am right.

**Mr Christopherson:** Okay, yes.

**The Chair:** Has that—

**Ms Jackson:** I believe, if everything has gone as it should, what you should be getting is all of the edited transcripts of last week. I think that is what that is.

**Mr Christopherson:** I do not believe the Chair indicated we are getting that day.

**The Chair:** Mr Christopherson, with respect to the edited transcripts marked as 74 and 75, those are all the transcripts, as edited, which have gone before the subcommittee.

There is a further edited transcript which is going to go before the subcommittee today and then after approval by the subcommittee would be released.

**Mr Christopherson:** If I could, Mr Chair, the practice has been without exception that we have given a rubber stamp to the releasing of the information. In fact, the last time, I do not believe we even circulated them to the members of the subcommittee before we approved them.

**The Chair:** Mr—

**Mr Christopherson:** Let me finish, Mr Chair, please. My point is that—I will be very straight—the information that we are seeking is in answer to a lot of the public and media speculation about what the Minister of Health believed was the plausible answer. We would very much like to get that information out because we do not believe it is confidential, and it is information people would like and we were hoping that it would be released today. Is it possible

that you could either have a 30-second subcommittee to accomplish that, or acknowledge right now that we will release it if it is ready to go?

**The Chair:** Mr Christopherson, the practice of the committee, as you are very well aware as a member of the subcommittee, and that is without exception also, is that the edited transcript is provided to the subcommittee and then approved. It is my intention that we will have a subcommittee meeting today and we will deal with that particular edited transcript as we have with all other transcripts that have dealt with proceedings in camera. If there is any wish on your part to change the proceeding as we have already decided, then that can be brought up at a meeting, but it is my intention to abide by the rules of the subcommittee, as you are well aware.

Having said that, I would recess until 2 pm.

The committee recessed at 1203.



## AFTERNOON SITTING

The committee resumed at 1410.

**The Chair:** Good afternoon. We will call the committee to order for this afternoon's hearings. At the end of the morning session, Ms Jackson, I am advised, had completed her questioning. In keeping with the previous process, I will now call upon members of the third party to start their questioning. I am limiting this to 45 minutes per caucus. I would also like to remind members of the committee that there will be the necessity for an in camera session with Mr Decter after we have completed the rotation. Mr Harnick.

**Mr Harnick:** Thank you. Mr Decter, I am a little confused listening to the evidence as people relate it to us from the ministry. I am confused because I can see a certain strategy that I believe you were using, yet everyone comes in and denies that strategy. Can you tell me please, having now, I assume, gone over the events with Dr MacMillan and Dr LeBlanc and the various ministry people, what the strategy they were using to deal with the problems in Sudbury was?

**Mr Decter:** Well, let me correct a couple of impressions implied in your question. First of all, I have not gone over any events or testimony with Dr MacMillan or Dr LeBlanc; I think I indicated that earlier. My testimony is my own testimony. So if you are a little confused, I think that is something you are going to have to sort out listening to the different testimony.

But let me go to your question, which, if I understand it, is what strategy was being employed by the ministry in dealing with the issues in Sudbury. I think that our strategy was very clear in my letter to Dr Donahue and even more clear in the statement I made on December 5 in Sudbury. Our view of the situation was that the physicians of Sudbury had developed a genuine misunderstanding of the impact of the threshold issue on specialist services in their community and our strategy was to try and bring as much information to bear so that both the physicians of Sudbury, very few of whom were affected by the threshold, and, more important for us, the people of Sudbury in the north would understand that what appeared from the press to be a serious threat to medical care and service was in fact not in our view a threat to that service but was a result of a good deal of what I think one would carefully describe as advocacy by certain physicians in the community to get a change in a policy they did not like.

I guess I would further add that Sudbury and District Medical Society, or the Sudbury district, was, I think, the only place in the province where the agreement between the OMA and the government did not achieve majority support from the physician community. In fact, the agreement was ratified some 85% or 87% overall. There were still issues being raised about the threshold as an idea when it had been accepted by the vast majority of physicians in the province.

So we were trying to distinguish, I think, in our communication with Sudbury between something that had been agreed between the profession and the government and formed part of the framework agreement and something that might be an impact or an outcome from that agreement.

**Mr Harnick:** You see, my concern is that outwardly you are all telling us your concern was with the threshold, yet the evidence I keep hearing is that you want Dr Donahue to open his books. It has nothing to do with settling a policy issue with the threshold.

You took confidential files to Sudbury. Dr MacMillan told us that, although he said he never used them. I do not know why he took them if he never used them. You have exhibit 44, which is before us and which you have now seen. You tell us today that you did not believe Dr Donahue's problem was a threshold problem; it was really an epilation problem. You have described him as a noise-maker. You told us you were sceptical about his motives. Then we have Ms Martel with her comments in Thunder Bay, which you heard on the Friday, but then when it was related to you by a different person in the Premier's office on the Saturday, you said you never made the connection.

It leads me to believe that the threshold was the furthest thing from the minds of the people in your ministry who were dealing with this problem. It seems to me the strategy here was to openly discredit Dr Donahue to make your point, and I do not know how you can deny that with this kind of evidence.

**Mr Decter:** If there was a question in there, my basis for not accepting either your premises or your conclusion is that I do not think there is any truth in them at all. There was not a focus on either Dr Donahue or on discrediting him. Quite the contrary. I went out of my way in Sudbury to make clear, one, that we understood and respected the confidentiality issue. That was at the beginning of my remarks to the meeting. In fact, I came back the next morning to attend a conference that hopes to advance the cause of a confidentiality bill applicable to the whole—

**Mr Harnick:** That had nothing to do with Dr Donahue.

**Mr Decter:** Excuse me?

**Mr Harnick:** That conference was planned way before any of this happened. It had nothing to do with Dr Donahue.

**The Chair:** Order, please.

**Mr Harnick:** Surely you are not saying you went to that because you were trying to—

**The Chair:** Mr Harnick, if you are asking a question, if you could allow Mr Decter to respond, and then there will be ample opportunity for further questions.

**Mr Decter:** You have made a rather sweeping assertion of motive. I am attempting, as clearly as I can and as reasonably as I can, to address that. The ministry is vitally concerned with confidentiality. That is why we were at that conference. That is why we had organized that conference. The ministry had—and I have already spoken of this—lost a minister within the previous period of time on the confidentiality issue. That is not something public servants have any pride in. Public servants take very seriously these issues, the laws under which these issues are governed.

I just find it quite distressing that you would look at this evidence and conclude there was a strategy that had at its heart doing damage to the reputation of an individual



physician. That has not been my intent. In fact, quite the opposite. I think what we were seeking to do was to have a discussion based on facts and what we were having was a discussion based on allegations. The reason for travelling to Sudbury, the reason for corresponding with Dr Donahue, was to try to get the debate shifted on to the facts of the issue.

**Mr Harnick:** Mr Decter, tell me this, what possible benefit would there be to obtain the permission of Dr Donahue to investigate and publicly discuss his practice pattern? Why would you not rather privately discuss it if there was a misunderstanding between your ministry and the doctor? Why would you want to publicly discuss it?

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**Mr Decter:** The doctor had made repeated public assertions that the reason for the closing of his office was purely due to the \$400,000 annual cap. First of all, there is no \$400,000 annual cap. There is a discount which applies above certain billing levels, but it is not a cap and to describe it as such is inaccurate.

The second point here is that he had created the public issue and he had centred that whole issue around the threshold. So the reason I wanted a public discussion was that if he was unaffected by the threshold, then I thought that was a very important issue for the people to know. If his decision to close his clinic was not based on the threshold, then I thought the people of Sudbury were entitled to know that. All of the evidence in the public domain suggested, as I said earlier, that this was an epilation issue and the closure of his office or clinic was due to the deinsurance of epilation. If Dr Donahue had been saying publicly, "I'm closing my clinic because the government has deinsured epilation," then I think our response would have been to agree with him.

**Mr Harnick:** Are you telling me, then, that you honestly believed that this man wanted all of these confidential issues that person after person from your ministry has said are sensitive and confidential, are you telling us that you honestly thought he would want to make all of that public to solve his personal problem?

**Mr Decter:** I cannot read minds, so what Dr Donahue might or might not want to do is something that I think you would be best advised to ask him.

**Mr Harnick:** I would think anybody reading this letter from the outside would just think it was outrageous. To publicly open his books and let everyone see what he is doing? Do you honestly think that is a proper course of conduct?

**Mr Decter:** Well, I do not know any other course of conduct for someone who alleges that a government policy is forcing him to close his business. I think that, you know, the first request that would be made to any other person whose allegation was that his business was closing, whether because of an environmental law or because of some other action by government, I think that it would be a fair and reasonable request to ask him to provide some evidence of that. That same request, I think, would have to apply to physicians in the province.

**Mr Harnick:** You see, when I look at this letter, I think this letter just confirms exactly what I think your strategy was, and your strategy was to take this gentleman

on head to head in an open, public forum and drag him through the mud to justify what you were trying to do. That is exactly what this letter says to me. You wanted "openly to determine the actual impact of the threshold payment adjustment." Why would you not want to do that with him privately, so that he understood? Why did it have to be openly and public?

**Mr Decter:** It did not have to be open and public—that was a request I made of him—but if you would turn the page you would read that the same letter also made the offer of Dr MacMillan visiting him. The two were not—you know, he could have gone either way on this. Dr MacMillan did meet with other physicians to discuss the issue individually. That course of action was open. In fact, it is open to any physician at any time in this province to have a discussion with staff of OHIP about the impact of all of this, but to the best of my knowledge Dr Donahue had not taken the road of dealing with the issue on the basis of facts. He had taken the approach of dealing with the issue in the media and had in the course of it created some genuine concern on the part of the public about its access to service.

**Mr Harnick:** Mr Decter, let's admit that you were just aching to make all of this pertinent personal information public, were you not?

**Mr Decter:** I had no desire to see anything more in the public domain than needed to be in the public domain, but I was very determined that the people of Sudbury and the people of Ontario should understand the facts of the issue, and for that I make no apology.

**Mr Harnick:** Well, how much more is there than making public his practice pattern, including his billing practices, openly? What more is there that the man has personal to himself?

**Mr Decter:** I think that is probably a philosophical question.

**Mr Harnick:** Then to go on and say, "I am requesting your consent to release the above-noted information publicly, in order to ensure compliance with this legislation." What legislation is that, that if he did not open his books he would not be in compliance with legislation?

**Mr Decter:** I am afraid you are not reading the letter as the letter was written. I would indicate that if you wish to call the people who drafted the letter, they are qualified—in the case of Gilbert Sharpe, legal counsel; in the case of Andrew Parr, our ministry's expert on freedom of information. The wording of that letter indicates that I clearly understood and the government clearly understood the restrictions that existed in the freedom of information act and the privacy act. So I think your suggestion that in any way that letter, read properly or read carefully, suggests that not making the information public would be a violation of any statute is completely erroneous.

**Mr Harnick:** How was he supposed to interpret it?

**Mr Decter:** Well, if we want to—

**Mr Harnick:** If you were in his shoes, would you not think this letter was somewhat threatening?



**Mr Decter:** No, I do not think any request to be public about the basis of one's criticism is threatening. I think that, very much as I said on the 5th in Sudbury, if you want to have a discussion of the facts, then it is important that the facts be on the table.

**Mr Harnick:** Mr Decter, we know that some time early in December, after Ms Martel was in Thunder Bay and had her conversation with Mrs Dodds, there was a leak of some confidential information reported in the Toronto Sun. Is that correct?

**Mr Decter:** I understand that the Toronto Sun reported information that suggested that there might have been confidential information leave the ministry. That is why I wrote to the privacy commissioner asking that the matter be investigated. I think it is fair to say that to this date I have not seen any information in the media that would convince me that there was an actual—there was certainly information about events that left the ministry, but I think it is an open question, presumably one this committee will deal with, as to whether any confidential information about Dr Donahue's practice ever did leave the ministry.

**Mr Harnick:** Did you yourself, on behalf of the ministry, undertake internally to find out how any information might have leaked from the Ministry of Health to a newspaper?

**Mr Decter:** I was supplied with a chronology of events pertaining to the e-mail by Dr MacMillan, verbally on the 10th of December and in writing on the 11th. He subsequently amended it on the 11th to make it more thorough. But the decision at that time, a recommendation by myself to the minister which was accepted, was that the best way of investigating this was to have the privacy commissioner look at it for two reasons: (1) The privacy commissioner has some independence and has broad authority to investigate; (2) the privacy commissioner was still in the course of an investigation in our ministry and I felt that he was well positioned to add this issue to what he was already looking into.

Options were considered; for example, requesting some other group to investigate—the OPP, for example—but there did not seem to be a basis on which that would be a preferred option to the privacy commissioner. My concern was that no evidence be not there through accident or any other action, so I asked the freedom of information coordinator, Andrew Parr, to ensure that all of the relevant e-mails and so on were kept, were locked in place in the system, so they would be available for the privacy commissioner's investigation.

**Mr Harnick:** Did you yourself do any investigation to try to find out where the leak might have been?

**Mr Decter:** Well, I will reiterate that it—

**Mr Harnick:** Aside from what you have told me.

**Mr Decter:** It is not my view that we are dealing with a leak. I think we are dealing with the potential transmission of material. But I have to tell you that if the material in question had been in the hands of the Star or the Sun I would have expected them to print it. So the fact that it has not appeared in print would suggest to me that what left

the ministry may have been gossip about the existence of the e-mail, but conceivably the e-mail itself or the information in it has not left the ministry. I felt that once I had placed the matter in the hands of the privacy commissioner, that was the appropriate action and I did not commence any independent investigation.

**Mr Harnick:** When Mr Scott, the member for St George-St David, stood in the Legislature one day during question period, he indicated to the Premier that a gentleman he had spoken to had some information about confidential information being released from the Ministry of Health or from government officials. He offered to give the Premier the phone number of that gentleman to find out where the information was coming from. Did you or anybody in your ministry ever investigate that issue and find out anything about what the member for St George-St David was talking about?

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**Mr Decter:** I did not carry out any investigation of that particular situation or circumstance and I cannot answer whether anyone else in the ministry, of their own volition, undertook an investigation.

**Mr Harnick:** Thank you.

**Mr Eves:** I just have a couple of short questions. This morning you told us—it is on page 1055-2 in the Hansard—about the central issue. I believe Ms Jackson asked you if Dr Donahue was not the central issue and you said, "No, the issue really shifted the minute cardiology, cardiovascular surgery came into it, which would have been the tail-end of November when Dr Abdulla"—and you go on.

Is it not true that really the cardiologists in Sudbury had made this an issue as early as April 29, 1991, when Dr Abdulla prepared this press release for Sudbury Memorial Hospital, which was released in the media then? There were articles in the Sudbury Star of Friday, May 10, 1991, and an editorial in the Sudbury Star on Saturday, May 18, 1991, all of which deal with, as this editorial refers to it, the OHIP billing cap of \$400,000 per physician. There are various references that the \$400,000 fee threshold was unrealistic with respect to cardiologists in the Sudbury area. I am just trying to get clear in my mind. You seem to think this was not an issue with respect to cardiologists till the tail-end of November, yet there was all this information in the Sudbury media in April and May and through at least six months preceding November before Dr Donahue publicly ever came on the scene.

**The Chair:** Mr Eves, just prior to that question, if you have some documents, it might be helpful for the committee if we could make copies of those and distribute them as an exhibit and allow Mr Decter to see them in his response.

**Mr Eves:** Sure. I would be happy to do that.

**Mr Decter:** I think I can respond, anticipating that when I do see them they will be as described. I returned to my home in Montreal after finishing the negotiations with the Ontario Medical Association. My memory of that is some time in mid-April. I was not back in this province



until I took up my duties as Deputy Minister of Health on August 6, so there would be a significant gap in there.

The epilation issue involving Dr Donahue was lively during the negotiations, and if the cardiology issue became very public in the April-May period, I am afraid I would have missed it. I certainly would not have had any access to the Sudbury media and, other than the *Globe and Mail*—I guess it is safe to say the *Globe and Mail* is Ontario media, although I know it is our national newspaper. But I was not involved in the issue following the negotiation of the agreement.

There was a subsequent lively ratification round and once in a while someone would call to say how it was going, but my contract had terminated with the conclusion of the negotiations so I was not aware of cardiology as an issue until the third week in November when I directed or requested that Dr LeBlanc and Dr MacMillan go to Sudbury to meet with the cardiologists.

**Mr Eves:** The letter of November 19, 1991, exhibit 73, which you sent to Dr Donahue, did Dr LeBlanc review that letter? Did he have any role in reviewing its contents before it went out? I just ask that question because this morning you indicated that sometimes Dr LeBlanc held correspondence over and talked to you a day or a few days later.

**Mr Decter:** Usually in judicious letters directed to the OMA in response to some of their physicians. I believe in this instance that in addition to Gilbert Sharpe and Andrew Parr, Dr LeBlanc would certainly have reviewed this letter. He had responsibility for the overall OMA agreement and was certainly our lead hand on any issues to do with the threshold, so he would certainly have seen this letter in the normal course.

**Mr Eves:** The second-last sentence on the first page of that letter says, "I am requesting your consent to release the abovenoted information publicly, in order to ensure compliance with this legislation." I may have this all wrong but that suggests to me that, "We have this information and I am requesting your consent to release it publicly so that we comply with the legislation and we do not breach the legislation." Is that not what that sentence says?

**Mr Decter:** I think you have to read the whole paragraph. What the first sentence says is, we are requesting permission to look at the actual impact of the threshold payment, which would require us to look at his practice. The second sentence says, to date we have not done that, in compliance with the statutes. The third sentence says we are seeking his consent to do that and make public comment.

My understanding from staff was that for me to even say publicly, the threshold does not impact Dr Donahue—which I am not saying now because I still do not have that information—I would be in violation of the aforementioned statutes because I would be indicating something about his practice that I would not be entitled to indicate.

The best we were able to do in terms of indicating that we thought there was a misunderstanding was (a) to say that, and (b) to set out in paragraph 2 all of the existing exemptions we thought would likely have application or might have application. There had been a bulletin out—I do not know if it is yet in evidence from the health insurance

division—setting out all the exemptions that applied. But what we were concerned about was obviously that Dr Donahue understand the existing exemptions.

**Mr Eves:** I guess you can read that paragraph any way you want. I am just telling you how I interpret it, especially knowing what Dr LeBlanc knew about Dr Donahue's billing practices, etc, and what Dr MacMillan knew, and especially seeing as how Dr MacMillan "almost fell out of his chair" when he saw what was in a particular memo or e-mail and how he insisted that Dr LeBlanc get this information back and get it returned to the ministry.

Dr LeBlanc reviewed this letter, as you have just said, and I take that last paragraph to read: "I am asking your permission to investigate and publicly discuss these issues. To date, the ministry has not released this information because we have to comply with these two acts, and I am requesting your consent to release the information we already have." I think it is pretty clear what the letter says. It says exactly what it says and that is what Dr LeBlanc knew and understood and that is what Dr MacMillan knew and understood. You may not have had knowledge of that information, to be fair, but that certainly is what that says to me, knowing what Dr LeBlanc and Dr MacMillan knew. Do you think that is an unfair summarization or reading of that paragraph?

**Mr Decter:** You may be reading more into it than had been intended. My intention had certainly been to be able to comment clearly on whether Dr Donahue was or was not affected by the threshold, something I could not do absent his permission. So his permission was sought, not obtained, and no such comment or release was made.

**Mr Eves:** Publicly. You said in response to one of Mr Harnick's questions that you felt that, to be fair, you had to read the second page of your letter, the last paragraph. I have read the last paragraph again since you asked Mr Harnick to do that and I do not read into it how it in any way, shape or form indicates that the session with Dr MacMillan would be a closed confidential session. In fact, the first sentence says, "I feel that without such disclosure, a full discussion of the issues will not be possible." That indicates to me, even in the second paragraph on the second page, which you have asked us to read, that you are still pressing for a full public disclosure of Dr Donahue's billing practices etc. You say, "I hope that you will agree with this request"—again the request is for a public disclosure and discussion—"and as well, agree to meet with Dr MacMillan, executive director, health insurance division, when he visits Sudbury in the near future."

To me, there is nothing in that paragraph, which you have asked me to read and I have just read out loud again, that indicates you are asking for a closed session and sharing this information in a closed private session. In fact, it goes on harping on the issue of public disclosure.

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**Mr Decter:** I am a little puzzled that the principle of public disclosure with someone's permission would be so offensive, but perhaps that is just my view.

**Mr Eves:** Thank you.



**Mr Mills:** Mr Decter, I have one or two questions I would like to pursue. First, I would like to go back to recall the testimony of Mrs Dodds. I do not have it but it is on the record. She went to great lengths to explain that Ms Martel was on a mission against doctors, almost like she was there in the discussion to declare war on doctors.

My first question is on the meeting you had with Ms Martel. Would it be fair for me to ask, was that meeting really one to advocate for doctors in the north as opposed to sort of carry on some distasteful discussion about them? What was the purpose of her being there?

**Mr Decter:** The purpose of the meeting was advocacy by Minister Martel on behalf of the cardiologists, the cardiovascular people in Sudbury. It was very forceful advocacy on behalf of those physicians. She was deeply concerned about any threat to that service. She was, as many members of the assembly and of the cabinet are, very forceful in her comments that she wanted to see action on this issue and that she would be taking it up with the minister and other colleagues. I would have to describe her attitude as hard advocacy on behalf of physicians.

I must say, I spent some time in the meeting trying to briefly explain that the threshold policy in our view was a reasonable policy, that the impacts were not what they were being portrayed, but that we were considering two options. One was a province-wide alternative payment plan for cardiology, cardiovascular surgery, which we had been considering since August. The other one was some amendment to the underserved area program, and that was the particular option she seemed to be in favour of. She wanted that program extended. It was certainly not my experience in that meeting that she was critical of physicians, quite the opposite.

**Mr Mills:** She was very much on their side, to the extent that she was forceful, as you said.

**Mr Decter:** To the extent she was making me somewhat uncomfortable, but that is not an unfamiliar situation.

**Mr Mills:** Let's go on now, Mr Decter, about Mr Hollingsworth and the famous meeting on December 5 in Sudbury. I believe this morning you gave testimony to the effect that when Mr Hollingsworth got up to speak, you did not even know who he was and that you gestured to Dr MacMillan for some identification and he got a document and pointed out his name on that.

**Mr Decter:** My memory of it is that I did not know who Dr Hollingsgate, Hollingsworth—I keep muddling his name; I apologize to him if he is watching—no, I did not know who he was and I did say to Dr MacMillan, “Who’s that speaking?” and he pointed at a name on a list. I do not recall whether it was the underserved area list that was probably on my lap as part of the media kit or whether he had pointed at something else. I just remember, you know, at that moment learning that that was the doctor in question.

**Mr Mills:** To expand on that, obviously, if he pointed to the list, you and he must have been sitting together.

**Mr Decter:** Yes, we were sitting next to each other.

**Mr Mills:** Okay. During the trip to Sudbury, did Dr MacMillan ever indicate to you that he had in his possession a confidential file about Dr Hollingsworth?

**Mr Decter:** No, he did not.

**Mr Mills:** During the hearings, and it is on record, Dr Hollingsworth, in response to some questions that I asked him, said that Dr MacMillan had his confidential file on his lap. The file was marked “Confidential” and it had his name on it. Now, you were sitting close to the doctor. Did you ever see such a file on Dr MacMillan’s lap marked with Dr Hollingsworth’s name and marked “Confidential”?

**Mr Decter:** No, I did not and in fact, further, I have never seen a file of that description or a confidential file on any individual physician. No, let me correct that. I did recently see, as it was passing from Dr MacMillan’s hands to Patricia Jackson’s hands, a file pertaining to Dr Donahue at the time that we transmitted all of the documents as per the request of this committee. But up till then, I had never seen what might be described as a file on an individual physician.

**Mr Mills:** During the time that you sat next to Dr MacMillan, did he have anything on his lap at all?

**Mr Decter:** We both had the media kit, maybe because I was nervous about my speech and I was going over the notes, and my memory is Dr MacMillan had one of those as well.

**Mr Mills:** I just would like to really clarify that point. If there had been a file on Dr Hollingsworth, if it had his name on it, if it had been marked “Confidential,” is there a possibility or not that you would have seen it or known about it?

**Mr Decter:** I do not recall Dr MacMillan opening a briefcase or anything like that during the meeting. You know, he carries one around, as we all do, so I presume he had one. But, no, my focus was very much on what was going on in the meeting. There were 20 or 30 speakers, all of them quite animated, and I knew at some point I was going to be called upon to speak so I was trying my best to keep track of what was being said and how I might respond to some of it.

**Mr Mills:** You have indicated, Mr Decter, that you saw perhaps the media agenda on Dr MacMillan’s lap. Taking that a step further, I would ask—and in fairness, it would be quite evident that had there been a document marked “Confidential,” with Dr Hollingsworth’s name, on Dr MacMillan’s lap, you would have seen it.

**Mr Decter:** I think I would have seen it and remembered it. It was, I do not know, a three-and-a-half or four-hour meeting, so I cannot testify that—you know, my attention was not on Dr MacMillan’s lap; it was on the speeches being made. So it is conceivable that I might have missed something.

**Mr Mills:** It is reasonable; it is very reasonable. I have one final question, Mr Chair, and believe it or not, the terms of reference of this inquiry cover some other things besides the actions of Ms Martel. They cover an investigation into “the disclosure of confidential information” emanating from the ministry and also an investigation into “the



dissemination of information obtained from the Ministry of Health."

My final question—and I have heard you, this morning, talk about the e-mail and about freedom of information, and you made the statement that "we are steadily strengthening our position," I would imagine of containing and improving the handling of documentation. Since we as a committee are looking into those two other aspects, my final question is that we are trying to fine-tune the process, and I imagine that is ongoing with you, and is there anything that you can tell this committee that we can incorporate in the report that would indicate that there is an ongoing, shall I say, fine-tuning? That is not to say that the present system is not very good.

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**Mr Decter:** If I can be permitted to advocate for a particular piece of legislation somewhat outside, probably, my proper role as the deputy minister, the conference that I attended on December 6 was an effort to advance the cause of a particular piece of health care privacy legislation. We have, in addition to the Freedom of Information and Protection of Privacy Act, provisions relating to the confidentiality of health care, health information and personal information in a range of statutes.

I guess it goes back—Gilbert might have to help me—probably to the Krever commission, the sense that we need an omnibus statute to deal with this. This is, as Patricia Jackson mentioned this morning, the largest collection of personal information in North America, and I am not convinced—although I think we have made good progress in a period of time implementing the FOI and privacy act requirements, I think particularly as we move to more electronic transmission of data and as we move towards more analysis in administering the system, we are going to need a statute that is focused on health care information and privacy.

We are at a stage of having the principles agreed to, I think, among most of the people involved with health in the province, and I would say that it strikes me it is not a piece of legislation that should not have support from all sectors of both the health care community and the House, which sometimes makes it a difficult piece of legislation to get forward on a timely basis.

But in terms of the big picture and in terms of other people who may at times run afoul of the mass of information we have, on one hand, and the inevitability of human error on the other, I would hope that we could get a better and more thorough statute in this regard and would urge the committee, to the extent a public official can urge elected officials to do anything, to consider the principles of that bill as something that you might support.

**Mr Mills:** I think that is a good idea. Thank you, Mr Decter. Thank you, Mr Chair, those are all the questions I have.

**The Chair:** Mr Kormos.

**Mr Kormos:** Mr Decter, if you do not mind, if we can talk about this November 19, 1991, letter again.

**Mr Decter:** If we talk about it too much longer, I am going to get the authors up here.

**Mr Kormos:** No.

**Mr Decter:** I just signed it.

**Mr Kormos:** I know you signed it. It was written for you, and that is one of the luxuries of having such an elevated status in the bureaucracy as you have: You get other people to write your letters for you. The reason I want—

**Mr Decter:** It may be a mixed blessing.

**Mr Kormos:** Yes, I know. The reason I want to talk to you about it is because we have got it here, all of us, but the folks there in Welland-Thorold are just listening—and everywhere else in Ontario are listening to this—and doing their best to figure out what is happening here, and there have been some attempts to present this letter in a peculiar light.

You may not know this, Mr Decter, but there are people out there who still believe that if you play certain Beatles albums backwards you will hear the message that Paul is dead. And I have got a feeling that somebody has been trying to play this letter backwards and looking for some subliminal content.

Here is the letter, November 19, 1991. It is sent to Dr Donahue and it refers to the fact that there have been suggestions—indeed threats on his part—to shut down his clinic, with the resultant impact being service to the north being put into jeopardy, and you refer to that in the letter. Right? It is not just those threats or those comments having been made to the ministry, but those comments have been made publicly by Dr Donahue. I trust that one of your concerns, as contrasted with—if, for instance, he had only addressed the ministry with those comments, you would not have the concern about the issue of this being discussed publicly. Is that a fair understanding?

**Mr Decter:** Our fundamental concern was the public and its access to care and its perception of its access to care, which is sometimes very close to the reality of access. If you believe the service is not there, you are not likely to go and try and access it. So our concern fundamentally was set out in the first paragraph. The rest of it was, I think, a means to try and get some accurate information out publicly, but, you know—yes.

**Mr Kormos:** Because you go on to say that there had been a number of things that had happened recently that would constitute exemptions to threshold, and we are talking about the second paragraph. You list the number of things that have happened out of the ministry that would provide exemptions from threshold. But your final sentence is this, is it not? You tell Dr Donahue that you are "unaware if any of the above measures"—any of those enlisted exemptions—will "make an impact" on his practice. You wrote that in your letter, did you not?

**Mr Decter:** Yes, as of the 19th. You know, we had a choice, I guess, to make. I could have and would have been well within my rights to commission the ministry to do a detailed review of Dr Donahue's practice, but, one, he had access to that through the practice profile program by picking up the telephone to Dr MacMillan anyway. So where would that have taken us in policy terms? It would not have, it seems to me, been very helpful. What we were trying to do, or what I was trying to do, was to get Dr Donahue essentially to focus on the exemptions already provided and what I would still think to be the reality,



although I do not know, that certainly the major problem he was encountering was the deinsurance of epilation, not the threshold.

**Mr Kormos:** In the final paragraph on that first page—so much time was occupied by some other people trying to talk about it—you are requesting permission not just to publicly discuss the practice pattern, but you are also requesting permission to even investigate it. Your first sentence is, “I am writing to request your permission....” You are asking for Dr Donahue’s permission. You are, in effect, telling him you are not going to do it unless he approves. Right?

**Mr Decter:** Yes. That is, you know, the principle. There are a couple of basic principles in the act, one of which is the permission of the person you are looking at. I spend most of my time seeking permission under FOI from various people to release various things, because often, absent permission, then you have got a denial, which one does not like, under a freedom of information statute.

**Mr Kormos:** But not just permission here to discuss it, but permission to even investigate it. You are not even going to investigate it without his permission.

**Mr Decter:** True.

**Mr Kormos:** Your purpose in wanting to investigate and discuss it publicly is so that you can clear the air with respect to the very public statements he had made about what, in his mind, would have forced the closure of his clinic.

**Mr Decter:** Yes, because at the same time I am reading quotes from the other dermatologist in Sudbury, who refers to herself as having an average solo dermatological practice with two staff and who is asking in the media in this same period—if I remember the date, on December 3. This is Dr Nadine Hradsky—I hope I am pronouncing the name properly—asking questions like, “What are 14 people doing in a dermatology office?” This is, in essence, the other major dermatologist in that community.

**Mr Kormos:** Sorry? What?

**Mr Decter:** I do not know if this one is in evidence already. This is a transcript of—it is another one of these—

**Mr Kormos:** Mm-hmm. It is Dr Hradsky, a dermatologist.

**The Chair:** If, Mr Decter, you are responding in answer to a question with some other media report that we might not have, I would ask if the clerk might be able to make a copy of so we could distribute that as an exhibit.

**Mr Decter:** Certainly.

**Mr Kormos:** Dr Hradsky has had some interesting things to say, so perhaps we will come back to that in a few minutes, as soon as Mr Arnott gets however many copies of that are necessary. Once again, in the letter, you write that under no circumstances will personal medical information be released.

**Mr Decter:** Yes.

**Mr Kormos:** Because that is not your motive in seeking the permission to investigate and publicly discuss it. It has nothing to do with personal medical information. It has

to do with clearing the air about whether or not Dr Donahue was impacted in the way he claims he is impacted.

**Mr Decter:** Yes, that was our concern.

**Mr Kormos:** Not just for Dr Donahue’s purpose, but for the public’s purpose, for the benefit of the folks in Sudbury as well.

**Mr Decter:** It was public concern that was motivating what we were doing.

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**Mr Kormos:** Precisely, because this letter is prompted by that public concern, because indeed Dr Donahue could sit down and discuss his practice with you or any other number of people at any time he wished, could he not?

**Mr Decter:** Yes. In fact many, many hundreds of physicians do contact Dr MacMillan and his staff to discuss their practices and we have a fee we charge—I know this because we were recently looking at raising it and decided not to—of I think \$50 to provide to physicians a profile of their practice. So it is a relatively frequent occurrence that physicians would want to have information about their practice and would contact the health insurance division to receive that information. That door is open and it is a well-known route. It is taken advantage of by physicians rather frequently.

**Mr Kormos:** Dr Donahue was entirely free to either agree with your proposition or to disagree.

**Mr Decter:** Yes.

**Mr Kormos:** There was nothing in the letter that spoke of consequences that might flow to Dr Donahue in either event, was there?

**Mr Decter:** No, there was no—this was a request, pure and simple, and a request, you know, made directly. It did not in any way detract from Dr Donahue’s ability to deal with Dr MacMillan on a one-on-one basis privately. There was no precondition that he had to agree to our request in order to continue. He had all of the same rights and privileges that any other physician in the province would enjoy still intact. It was purely and simply a request.

**Mr Kormos:** But, once again, Dr Donahue had taken a position that appeared to you, certainly, and to others in the ministry, to be a very public position.

**Mr Decter:** Yes. Dr Donahue was leading a very high profile campaign or battle against the threshold, on the basis that it was the threshold that was putting him out of business, and that was, on the surface of it, not our view.

**Mr Kormos:** He was not a medical wallflower, by any stretch of the imagination, was he?

**Mr Decter:** Well, I think it is fair to say that he was certainly a rather public advocate of the continuing insuring of epilation by OHIP, as one would glean from the clippings that were entered in evidence this morning.

**Mr Kormos:** And your observations of the press reports about his statements, including the threat to shut down his clinic—I mean, that comment on his part, the prospect of him shutting down his clinic, does not appear to have been a comment that was lured out of him by a very skilful journalist who trapped him and tricked him into saying



that. That was not your impression from reading the comments of Dr Donahue, was it?

**Mr Decter:** No, no. I think that Dr Donahue was taking a very direct approach to this issue and taking the approach through every means available, including the media.

**Mr Kormos:** And including using, entirely appropriately, his MPP and other area MPPs to advance his particular arguments with the ministry.

**Mr Decter:** Yes, and if one goes back, judging from the clippings, he took credit for a significant letter-writing campaign to Minister Caplan, so that would go back some time.

**Mr Kormos:** Now—

**The Chair:** Mr Kormos, just a minute. Members of the committee, the media report referred to by Mr Decter has now been distributed and marked as exhibit 76. Mr Kormos.

**Mr Kormos:** Thank you. This is Nadine Hradsky. She is a dermatologist too?

**Mr Decter:** My only knowledge of Dr Hradsky was from this media report on December 3 and, yes, she seems to be a dermatologist who spends part of her time in Toronto and part of her time in downtown Sudbury.

**Mr Kormos:** Now, this is a December 3, December 3, December 3, 1991, interview. That is what the transcript appears to indicate, huh? She is referring to a Sudbury Star article she had read about the other dermatologist in Sudbury, the one who is closing his office.

**Mr Decter:** Yes, she seems to quote that article. Now, to be fair, I do not think I have seen that Sudbury Star article, so how accurate her quoting of it is I do not know.

**Mr Kormos:** Quite right, but her comments indicate she is relying on a Sudbury Star article of the Friday prior and speaking of the other dermatologist. She does not speak of that doctor by name, but she is speaking of the dermatologist, you know, the one who is closing down his office. Right?

**Mr Decter:** Yes, I think it was relatively clear whom she was referring to.

**Mr Kormos:** She is quoting the Sudbury Star article, which according to what she says would indicate that this doctor requires billings of \$800,000 to \$1 million a year and a staff of 14 to run his office.

**Ms Jackson:** That is part of exhibit 36, if that helps you.

**Mr Kormos:** Thank you.

**Mr Decter:** Yes, she is certainly questioning in this interview, literally, what are 14 people doing in a dermatology office, comparing it to her own practice with two staff.

**Mr Kormos:** She does not go so far as to say it is criminal, but if one could hear eyebrows being raised over the radio, one would expect to hear eyebrows being raised as she says this, would one not?

**Mr Decter:** I am not good on eyebrows.

**Mr Kormos:** Least of all on the radio.

**Mr Decter:** Least of all on the radio. But I think it is fair to say there was a good deal of questioning going on of large volumes of staff based on delegated epilation.

That was viewed in many quarters as a real stretching of what had been put in the OHIP schedule originally.

**Mr Kormos:** Because Dr Hradsky says, "I have to ask myself...what are 14 people doing in a dermatology office?" She is talking about 14 staff and she questions, "What are 14 staff doing in a dermatology office?"

**Mr Decter:** I think it is fair to say that the view I would certainly form is that many of them would be performing epilation.

**Mr Kormos:** You mean electrolysis?

**Mr Decter:** Electrolysis, yes.

**Mr Kormos:** This epilation stuff is all new to me. Where I come from we call it electrolysis.

**Mr Decter:** Okay. Well, the schedule referred to it formally as epilation facial hair, but I think it is known more commonly as electrolysis.

**Mr Kormos:** She goes on, because she appears to be referring to the article again, she goes on to refer to this same doctor, the dermatologist, the one who is going to shut down his office, the one who needs \$800,000 to \$1 million a year, the one who has 14 staff in his office. She refers to that same Sudbury Star article, or appears to. It says, "Because of his closing of the office, 82-year-old patients with skin cancer will have to be bused to Toronto for treatment." And she says, "Why?" Because, Dr Hradsky says, "We have a brand-new Ontario cancer treatment centre right here,"—in Sudbury, huh—"on 41 Ramsey Lake Road staffed by highly skilled oncologists with the latest state-of-the-art equipment."

Once again, I appreciate radio being merely an audio medium. She appears to be raising—again, you are not good at raising eyebrows. Maybe I am better at that than you are, but she appears to be questioning the validity of that statement, huh?

**Mr Decter:** She goes on actually to give some other criticisms of the threshold and actually points the direction, which I think is the direction we have actually ended up taking in terms of addressing the problem. She suggests basing variable capping on proven need, and that is the essence of involving the royal college formula in terms of the amendment to the underserved area program to include retention of specialists.

I guess it is fair to say she was not keen on the threshold either, although she indicated clearly—and this puzzled me, because you have to understand this was still rather early in my tenure as deputy minister. She says that her OHIP billings were a matter of public record and subsequently learned that, no, OHIP billings are not a matter of public record, although billings by all other professionals to the government are a matter of public record. There is a different regime that exists for physicians. So I guess she was overstating the case, but she volunteers there that her billings would not exceed the current cap.

I have to say it just reinforced for me that what we were getting was a lot of blame being pointed at the threshold, whereas in the particular case of Dr Donahue, the fundamental policy change that had caused him to change his practice was the deinsurance of electrolysis.



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**Mr Kormos:** Yes, and this Dr Hradsky is not just somebody who happened to slip into the radio studio up in Sudbury to be interviewed on Morning North off the street out of a coffee shop. I mean, she is—what?—an associate professor at the University of Toronto—an assistant professor, I think. Is that not how she is described? She is an assistant professor at the University of Toronto; she has been a consultant to the Princess Margaret Hospital skin cancer clinic for the last 15 years; she is on staff at the Wellesley Hospital, and she has a full-time, busy practice in downtown Toronto as well as an equally busy one in downtown Sudbury.

She has got a staff of two? A staff of two—this highly qualified, very professional, hardworking doctor with her practice of dermatology, a dermatologist, two practices, one in Toronto, one in Sudbury, an assistant professor, consultant to Princess Margaret, on staff at Wellesley. She has got a staff of two and she indicates that her OHIP billings over the years have not exceeded the current cap. What was she talking about when she was talking about the current cap?

**Mr Decter:** I presume she was indicating that her billing levels had never exceeded the \$400,000 level. That was the popular view of where the threshold payment adjustment would take hold, although I think it is fair to say, as the material we distributed at the Sudbury meeting indicated, the threshold actually takes hold a good deal higher than that for those specialists because of the technical fee exemptions.

**Mr Kormos:** And there is no suggestion that Dr Hradsky ever saw Dr Donahue's OHIP billing profile, is there?

**Mr Decter:** No, I do not believe that suggestion has been made.

**Mr Kormos:** Yet she clearly has some concern about the fact that Dr Donahue needs 14 staff people and billings of as much as \$1 million a year, does she not?

**Mr Decter:** That seems to be what the transcript indicates.

**Mr Kormos:** That is an interesting observation by Dr Hradsky, considering she has never seen Dr Donahue's OHIP profile. I am surprised she did not refer to it as criminal. I have no other questions.

**The Chair:** Thank you very much, Mr Kormos. Mr Hope.

**Mr Elston:** Excuse me. I would ask on a point of order that Mr Kormos withdraw his last remark, which is very, very vilifying. I find that he is doing that sort of stuff a great deal. I think he should withdraw the last remark.

**The Chair:** Mr Kormos?

**Mr Kormos:** No, thank you.

**The Chair:** I understand the point of order—

**Mr Elston:** No, that is fine.

**The Chair:** You have asked that Mr Kormos would—

**Mr Elston:** If that is the way he wants to carry out his obligations to the public, then let him do it that way. I am content that he rests on his manner.

**The Chair:** The request has been made if Mr Kormos would withdraw. He has refused, and having said that, Mr Hope.

**Mr Hope:** First of all, I do not know what was wrong with the comment, but, Mr Decter, just a couple of questions. I was listening to how they were trying to interpret this letter, so I have got to draw some quick questions that I need specific answers to. I guess my first question would be, at any time was your purpose to discredit Dr Donahue?

**Mr Decter:** No, one would have to be quite an unusual Deputy Minister of Health to want to discredit any physician. We rely on the physicians of this province to deliver care. They are one of our important constituent and client groups. I spent five months of my life trying to reconstruct, successfully, I am glad to say, a relationship, an organized relationship, between the profession and the government under the framework agreements. That was a very difficult task, and it is just not in my view of the world to try and discredit a physician. I think that is not on, from my point of view.

**Mr Hope:** Good. I just hear some gas bubbles going across from the floor there. I just wanted to make these clear, because as I see how they try to read your letters, I want to make sure when they read Hansard it is very clear on the answers you are giving.

Did you at any time give Ms Martel, or talk to or communicate in any way confidential information to her?

**Mr Decter:** No, I did not.

**Mr Hope:** I guess the final question would be, are you covering up for your minister or any other minister of the crown for the province of Ontario?

Interjections.

**Mr Decter:** No. I am here under oath answering questions, so I do not—

**The Chair:** Order, please. Mr Decter, there were some interruptions and I wanted to make certain you had an opportunity to respond.

**Mr Hope:** If the opposition—

**Mr Decter:** You know, my response to that question is, I am here under oath answering any question that is asked of me as honestly and directly as I can. I am not here to defend, protect or do anything other than explain to the best of my ability what the facts were and to the best of my memory what happened. So my answer would be no to your question.

**Mr Hope:** Why I put that, so it is nice and clear in the records of Hansard, is because as I try to listen between the lines instead of read between the lines of what the opposition are trying to say, I want to make sure it is crystal-clear in the minutes. Thank you very much.

**The Chair:** Mr Christopherson.

**Mr Christopherson:** Thank you, Mr Chair. We are completed.

**The Chair:** Thank you. Mr Conway.

**Mr Conway:** Thank you very much, Mr Chairman, and Mr Decter, very pleased to meet you, and I must say that I have listened with much attention to your testimony.



I must say at the outset I do not share some of the views of my friend from Willowdale.

I will start with the letter, just the letter that has occupied—that is exhibit 73, the November 19 letter to Dr Donahue. I want to say right up front I do not share the views of some other people with respect to what you might read into this, but I want you to help me in a slightly different connection. The letter, exhibit 73, signed by you and sent to Dr Donahue, is dated November 19. Would I be right in saying—and I think you may have in fact touched on this this morning—that that letter would have been drafted with perhaps the involvement and participation of Dr LeBlanc and perhaps Dr MacMillan?

**Mr Decter:** No. No, my testimony this morning was that the letter was drafted for me by Gilbert Sharpe, the director of legal services for the ministry, and by Andrew Parr, our freedom of information coordinator. I answered subsequently a question as to whether it was likely that Dr LeBlanc would have seen the letter that yes, in fact he saw most things, or all things in this area. Dr MacMillan—I am going on memory. I do not remember what exhibit number it is, so maybe someone can help me so I can refer to it, but my memory of the letter is it was copied to both Dr Adam Linton, who was then the head of the OMA, and Dr MacMillan.

**Mr Conway:** I appreciate that. I guess what I wanted to sort of tie down here was whether or not it is reasonable to assume that before this letter was given to you for your final signature, Dr LeBlanc would have had an opportunity to look at it?

**Mr Decter:** I think that is likely.

**Mr Conway:** That is a reasonable assumption.

**Mr Decter:** Yes.

**Mr Conway:** I am not here to talk about your motivation, I have to believe what you tell me, but I just want you to understand what I am now being asked to believe, that on the 19th of November, this letter is being prepared for your signature and is sent over the signature of the Deputy Minister of Health, and we know that at least one of the people involved in the letter, to the extent of perhaps having had a chance to look at it, Dr LeBlanc, which would seem to be a normal part of his routine business, three or four days before this letter was involved with Dr MacMillan in a very serious issue and concern around the potential of a leak of highly confidential information arising out of the famous Teatero memorandum, exhibit 44. I have to—I am being asked to believe that those people allowed you to send this letter and did not open their mouths to you as deputy—that three or four days before in very high offices in the Ministry of Health, the director general of OHIP and the head of the negotiations secretariat were having very serious concerns about a memo that ought never to have been sent, and they did not tell you that?

**Mr Decter:** Well, you bind together a number of things in your question. I do not know if you want me to deal with them individually or collectively.

1520

**Mr Conway:** No, I want you to just deal with the general impression because, you see, I am not going to engage in questioning your motives. I believe you to be—and everything I know about you tells me that you are—an extremely able, experienced individual. I also know that you are not just a Deputy Minister of Health, not just a consultant, and I gather by all respects an extremely good consultant, but you are a former cabinet secretary. You are someone who, for five years of his professional life, worked in very close relationship to the leader of a government.

I know something about the inner workings of the Manitoba government. I had a friend who once worked there in that office. He told me quite happily that it was a very hands-on operation. I could believe that it would be and that would make me feel good, but I know that Michael Decter is not just a Deputy Minister of Health. I know that this very able man has come to Ontario after a long and distinguished service in the Manitoba government, fully five years of which was as the top bureaucrat in the province.

I am now sitting here—I am listening to all this discussion about what this letter might have meant. I do not really care what the letter might have meant. I am just looking at what I know. And what I know or what I am assuming—and I want you to comment on this—is that on November 15 or November 14 in high office at the Ontario Ministry of Health, a department that months before just saw a very able minister lose her job because of an inadvertent release of confidential medical information—Eugene LeBlanc and Dr MacMillan are sitting there looking at exhibit 44 and saying—my words, not theirs—“My God, where did this come from? How did it get out? Get it back. It should not be circulating.” And five days later you are signing a letter that touches very directly on that file, and no one—Dr LeBlanc, most especially, does not open his mouth to tell you, “Deputy, you should know something about what happened in this building about 48 or 72 or 96 hours ago.” That is what I am being asked to believe and I suppose I will have to believe it.

**Mr Wood:** Sean, the leadership campaign is over.

**The Chair:** Order please, Mr Wood.

**Mr Wood:** Well, I just told him the leadership campaign is over.

**The Chair:** Order.

**Mr Decter:** Well, let me try and deal with it, and I thank you for your rather generous comments about my career to date.

**Mr Conway:** I mean them. I happen to believe them.

**Mr Decter:** I hope the kids are watching. Anyway, it is hard to say. Glancing at this letter—the one thing I do as a matter of course—letters are dated once they are signed. So it is conceivable that this letter was prepared for me some time before the 19th. You would know the practice, and this government, at least in the Health ministry—its letters, because there are sometimes delays, one does not want to send out a letter that has an old date on it. So it is at least conceivable that this letter was well on the way the previous week.



The letter is accurate. I was not aware of those incidences or that information coming up from Kingston—the exhibits you make reference to—until a good deal of time later. I guess a lot of this whole discussion comes to how one would characterize the movement of that information from Kingston to officials in the Hepburn Block. They were certainly all entitled to have that information, as was I or as the minister would have been had she wanted it. There is lots of ground for that information to be acceptably moved. It was retrieved, I guess, in what I have come to understand of the incident, by Dr MacMillan because it was excessive to the purpose. That is, there was rather more information there than people had need of to do their jobs, and our basic principle is need to know.

I guess there are two ways of looking at it, given that the incident that caused Minister Gigantes' resignation involved information coming directly all the way up to the minister's office to all of her staff on a rather routine basis, albeit with a warning attached.

My judgement would be—and obviously we would not all be here if we had gotten the thing perfectly right—that the movement of some information that was, if you like, legal but excessive to the purpose, out of Kingston to Hepburn and that it was retrieved within a day, was actually testimony to some real improvement in the sensitivity of the procedures. I think it is fair to say that if Marsha Barnes had not gone off on her sudden maternity leave; if she had not required hospitalization, and if someone else had not been rather new to their position, the information would probably not in the normal course have left Kingston.

**Mr Conway:** My point, Dr Decter—

**Mr Decter:** It was retrieved rather rapidly and I think that it would be an injustice to Dr MacMillan and Dr LeBlanc to suggest that somehow they let me send out a letter that I should not have sent. I think if I had seen exhibit 44 I might not have been inclined to send this letter exactly as worded. But I would make no criticism of them for their behaviour in this incident. I think they acted to retrieve information rather promptly.

**Mr Conway:** My point in raising the question is to believe what you are telling me, and I will obviously believe it. I then have to, on the basis of my experience and the evidence tendered by Drs MacMillan and LeBlanc, just sit and fantasize how it is that they could allow you to sign this letter on November 19 that relates to the Donahue file where just days before—now it may have been six days. The letter may have in fact gone out as you say a bit later. But it is incredible for me—and I am angry about this because I am here and I have been told to behave myself and deal only with what is in front of me. So I want to do that and I see a letter like this and I am not going to engage in questions about whether or not you wanted to go and beat up on some doctor. I do not believe you did, as a matter of fact, but I am just looking at this and saying, LeBlanc at least would have seen that, and how the hell he could have—and I know and respect Mr LeBlanc. I know just how voluble and how knowledgeable he is and that he could have let you sign that letter four days after, according to the testimony before this committee, MacMillan put

on the performance he did in his office about exhibit 44, I have to tell you, reduces me to incredulity.

I want to move ahead to the December 9 answer in the Legislature. I have got a lot of sympathy for Minister Lankin who came here the other day and told us what she told us. She gets up, in good faith I believe, and gives Mr Harris the answer contained in the Hansard of December 9, 1991, and I do not know what the exhibit number is, but I will read the relevant quote:

“With respect”—she says to Mr Harris, “to the issue the member raised in the second question, I have very specifically asked and received assurances from my deputy minister, who has heard directly from the director of OHIP, that no confidential information with respect to doctors' files and their billings and their incomes has been shared with anyone outside the OHIP department which has proper access to that information.”

Very clear. I have got to tell you, I was there and, like 100 other members, I heard what she said, believed what she said and I think I understood what she meant to say. And by her own testimony the other day, she was floored within a few hours of giving that assurance because in fact she had not been told some things that very senior people in the ministry knew a month before.

Now I want you to take me through your involvement in the preparation of that response that quite frankly compromised Ms Lankin in a way I think that we talked about here the other day.

**Mr Decter:** I will review my previous comments on this. It is the case that I do not have an enormously clear recollection of the events of December 9. The issue was raised in the morning. Let me start by saying—and this is something that Gordon Osbaldeston, who has served for many years federally in many posts, but as cabinet secretary once said, and it stuck with me: The four words that a deputy minister lives in dread of hearing from his minister, or from her minister, are the words, “Why wasn't I told?” Those are the most difficult words for any deputy minister to hear.

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With that—so I take this on very seriously, and the minister and I have had occasion to discuss this matter since her testimony here. It was not clear to me until the morning of December 9 that we were dealing with one incident as between Dr MacMillan's encounter with Mrs Dodds at the conference on Friday and the call that I had had from Melody Morrison on the Saturday. It was not until the morning of December 9 that it became clear what Minister Martel had said and under what circumstances and the dilemma that posed, or at least the question that posed, about our handling of information.

I know that it was agreed in the morning meeting that we would seek, you know, to have assurances from everyone as to the disposition of any information, relevant information. I think it is fair to say that the question posed was: Has anyone in the ministry communicated any information to Minister Martel? That was, when you think about it, the central question. There was not at that point an impression in my mind that we were dealing with anything other than



that. The question was very directly: On what basis had she made her comment? And the assurances that were sought were consistent with that.

I do not have a recollection of whether I spoke to Dr MacMillan directly; whether Tiina Jarvalt, my executive assistant, as was usually the case, would have followed up on that. I simply do not have a memory of that. I have tried to sort of come to one. The process that would have taken place, though, was the priority briefing process. A note would have been prepared, based on everyone's recollections, or everyone's information at the time, and so—

**Mr Conway:** Well, I know the process and you can spare me the—but, you see, my difficulty again with that is that—you are a former cabinet secretary. I mean, boy, I will tell you, my experience with cabinet secretaries is that they are involved people who know happily and thankfully and rightfully an awful lot of what governments and first ministers need to know. You have this morning told me—and I was very impressed, because you strike me as this kind of a person. You remember the Martel encounter, among other things, because you thought the protocol was a little out of whack. You have a very clear memory of that. You remember that when you did meet Ms Martel she had paper, green paper, on which there were volumes of data presumably prepared for her, given to her, in a meeting. You have very particular recall about the colour of paper, about protocol.

And we get to this, December 9—and you also said this morning, and I think quite believably so, you went to the ministry in early August with a heightened appreciation for the whole question of confidentiality of medical information, and rightly so, because you had just seen a minister, quite an able one, lose her job because of an inadvertent mistake.

Now we get to this meeting. We get to December 9, on a subject that I would have thought would have been enormously sensitive because of the Gigantes matter, and very much an issue because of what you told us in the testimony, that since November 7 you knew there was something heating up in Sudbury around the whole question of medical services. Then we get this answer, and the minister cites you and—let me ask you this: Tell me why I should not believe on the basis of the minister's answer—"I have specifically asked and received assurances from my deputy minister"—why should I not believe that you were either misled or lied to in the preparation of that extremely important answer to a minister and to a deputy who I have to believe by December 9 knew only too well the gravity of the issue? Why should I not believe that at the very least someone senior misled you or lied to you?

**Mr Decter:** I can only give the answer that, given my rather good working relationship with the minister, if she gave that answer, and that she did give that answer in the House is evident from Hansard, she must have had from me exactly that assurance. Whether I erred in giving her a more fulsome assurance than I had received, I cannot speak to that, but I take full responsibility when my minister goes into the House that she has been given the benefit of

our most accurate appraisal of the situation, and therefore if there is fault here, I think it must sit with me.

I obviously did not achieve a full understanding of the situation until the next day when it became clear that there was more to the story, or more to the internal ministry story. But I have yet to have any evidence that confidential information left the ministry. I know that is a more general point. I cannot speak with great accuracy to the events of the 9th, other than that I stand by my advice to my minister, and if the advice was that we had full assurances, then it is my belief we had had full assurances.

**Mr Conway:** I would like to move on to the next day, and I want to take up again the general issue my friend the member for Durham East, Mr Mills, I think rightly focused some attention on about this whole question of the confidentiality of medical information. You responded by suggesting some amendments to legislation, or something to that effect, as I recall one of your answers. You know, 10 years ago we spent \$1.5 million with the Krever inquiry. One of the reasons I am really interested in this is that we have two cases in the last year that bring the Krever royal commission into a sharp, practical focus.

I want to move on to Ms Dawson's call. I do not know what Ms Dawson of the Toronto Sun knows, but I know the following: I have seen fully exhibit 44; I know what is in that Teatero memorandum; I know what Dr MacMillan has said. Dr MacMillan has said that when Ms Dawson phoned him and told him whatever she told him, "I nearly fell off my chair." In subsequent cross-examination he certainly said or left the very clear impression that he nearly fell off his chair because his worst fear of November 14 was in fact confirmed, that someone out there who had no entitlement to that information got a piece of it or got all of it. You seemed to, in earlier evidence today, leave the impression that Ms Dawson may simply have had something quite otherwise. Again, help me. How am I misreading what I have in front of me?

**Mr Decter:** Let me see if I can help you. I sought and obtained legal advice on December 11 because I was concerned if information had left the ministry as of the 11th, which was when we sort of were fully seized of that; well, the evening of the 10th, but really the 11th by the time we assembled. I asked the question as to whether there was any legal impediment to either of the newspapers that seemed to have become involved, the Sun or the Star, publishing the information. That is, would they be in violation of freedom of information if they published exhibit 44 in its entirety on the front page of their paper? I was told that no, the way FOI worked the violation would rest with whoever moved the information outside the ministry if in fact it had moved outside the ministry.

I waited with interest, having referred the matter to the privacy commissioner, to see if in fact the detail of exhibit 44 would turn up in the paper. Now to the best of my knowledge, although there has been lots of discussion in the press about events in the ministry, that information has not turned up in the press. Hence my comment that I do not have hard evidence, although I am not denying given everything, that there is a substantial possibility that information



left the ministry that should not have. There is also the possibility that what left the ministry was gossip and discussion about Dr MacMillan, in a rather animated way, retrieving the information on whatever the day was, the 13th or the 14th of November. I guess I am not trying to take a position on whether it did or did not leave. Given what I have experienced over the years, if something leaves government that should not, you usually read about it the next morning in the paper.

1540

**Mr Conway:** You see, again for me the issues have to do with a lot of things and credibility is clearly one of them. So let's go back then to the previous weekend.

Here we have got Michael Decter, who has been in public life, high levels of public administration for the better part of 20 years, and he tells myself and this committee this morning that the toughest public meeting of his long and distinguished public life was the night of December 5, 1991, at Sudbury. A very tough meeting, and I can understand that. I was struck by what you said. I forget the exact words. I wrote it down here someplace. "The December 5th meeting in Sudbury was easily the most difficult meeting of my life." Fair ball. That is December 5th.

You get to Toronto the next morning, you make your speech, you and Mr Timbrell leave and by Saturday afternoon, and very helpful testimony, one of the ablest New Democrats I have ever met, Melody Morrison, phones you and says: "Michael, I have some news. In Thunder Bay two nights ago Minister Martel said such and such."

One of my specific questions, by the way, is, did Ms Morrison indicate in that Saturday afternoon telephone conversation that the Martel difficulty involved in some way the potential release of sensitive or confidential medical information?

**Mr Decter:** No. My memory is that her comments were to the effect that Minister Martel had gotten into an argument at what I think she described as a cocktail party and she had said some rather forceful things—and this is where I kind of missed the boat—about a Thunder Bay dermatologist. At that point, I must say, I kind of relaxed because to the best of my knowledge it was not an issue.

**Mr Conway:** I want to talk a little bit about your relaxation there, Michael Decter, because Michael Decter, former cabinet secretary, former chief negotiator for the framework agreement, boy, would he know a lot about the politics of that agreement. I cannot imagine that you did not, in the very successful working out of that, see all of the minefields and anticipate and advise the government as to how to prepare for those. But, boy, you came to that job as deputy with a very good understanding of the politics of that framework agreement. I suspect you might even have a pretty good idea, generally speaking a hell of a lot better idea than most of us, about the distribution of specialties. I cannot believe that you would have been involved in that framework negotiation and not have some general idea of the distribution of medical specialties around the province, but perhaps I am wrong in believing that.

Michael Decter, former cabinet secretary, negotiator of the framework agreement, you spent five or six months

working on that; you would know it intimately. You go to Sudbury for the toughest meeting of your life and two days later the Premier's office calls the former cabinet secretary to say there was a bit of a contretemps involving a minister in Thunder Bay, involving a medical specialist, and with the Gigantes thing in the back of your mind and with the knowledge that tomorrow there is a cabinet meeting, you do not think it is worthwhile to contact the minister, and you do not for a period of some 36 hours at your regularly scheduled Monday meeting of December 9th?

**Mr Decter:** Well—

**Mr Conway:** And then the next day, Minister Lankin and Minister Martel are at this meeting, side by side, and one minister keeps going out and making phone calls. We will have this confirmed later, but we are led to believe that Ms Martel was leaving the room, and we know that she was making calls to people up north that, "I did not really mean what I said, and I apologize for it," and she did not tell Minister Lankin.

You see, my difficulty is, Michael Decter, former cabinet secretary, very able person, that the image I now have of you and Ms Lankin is, to believe your story, I have to accept that you are almost like one of those referees in a professional wrestling match. While the bad guy is gouging the good guy's eyeball out in front of everyone at Maple Leaf Gardens, you are distracted off into the abyss by something else. My difficulty is that I know you and Ms Lankin to be far more able than that. And so, wanting to believe your story, what am I to make of the fact, for example, that you did not call Ms Lankin for a 36-hour period about something that touched on the substance of the Gigantes affair, that very much touched on the issues around the department and you knew to be a matter of public issue involving a minister of the government?

**Mr Decter:** Well, let me first say, because you have I think touched on my minister, it seems to me that her view of this issue is rather clear. She has the view that I should have called her on the Saturday. I can accept the basis of her view, although it was not then the case and it is not now the case that I thought anything substantive was going to change on this issue between the Saturday afternoon and the Monday morning. There was certainly no action that was going to undo what had been done, whatever Minister Martel had said and about whom.

At that point I did not have a clear idea. I was not aware on the Saturday, from Melody Morrison, that this pertained to Dr Donahue. In fact my comment, as I recall it, to Melody Morrison was that rather than being at a cocktail party in Thunder Bay she should have been with me in Sudbury because it was a fairly stormy, tough meeting. I had just received—and it is not in evidence; I will try and stick it into evidence now—before Melody Morrison's call, a fax on my home fax from Eugene LeBlanc, who was still in Sudbury, of the lead editorial in the Sudbury Star, which was a very positive editorial. I mean, I would leave aside that it was gentle with me personally, but it essentially took the view that the doctors had not made their case, that in essence there was a lot of noise. But if anybody wants this in evidence, I have copies.



So I was feeling that the purpose for which I went to Sudbury and went through a very difficult meeting had been achieved. At least the Sudbury Star had decided to deal with the issue on the basis of fact rather than on the basis of advocacy, and that is all that I had hoped to achieve. So I was for the first time since Thursday feeling tired both because I had been up all Thursday night and Eugene had called me pretty early Saturday morning. We had been back and forth all day. I was not immediately seized of the importance of the Morrison call. I think if she had said, "a Sudbury dermatologist" or if she had said, "Dr Donahue," that the significance of it, which did not strike me till Monday morning, would have struck me, you know.

But I think it is fair to say that these things always look much, much more significant in hindsight. It is hard to pick, out of the 20 or 30 live issues that we have on the go at the ministry at any one point, which one is going to turn into the really difficult issue. But I take responsibility for not informing the minister until the Monday morning of this. As I say, her view was that I should have talked to her on the Saturday, and my view was that I had no basis, on what I knew on the Saturday, for talking to her.

**Mr Elston:** Pardon me, Mr Chairman.

**The Chair:** Mr Elston?

**Mr Elston:** I think that anybody who is interested in Mr Decter's skill will have followed the manner in which he has introduced, on three separate occasions, substantial material which he could speak to, including the evidence that he gave on behalf of Dr Hradsky, the fact that he just is about to give us a fax of an editorial and otherwise. It shows the degree of preparation and the skill with which you manage your department, and yet I, like Mr Conway, am taken by your lapse of memory around particularly significant days.

The 9th of December must have been a bit of a sinking day for the Deputy Minister of Health. You had not yet spoken to—at least as by other testimony, you had not spoken to your minister as of around 11 o'clock in the morning, we are told by Sue Colley, and she had no recollection at all of any problem occurring until she had received a telephone call from the same Melody Morrison from the Premier's office saying, "Does your minister know?" And if I had been on the other end of the phone listening to Sue Colley say no I would have said, "Why not? I talked to Michael on Saturday." But we did not get that part of it; we have not got what Ms Morrison said.

Can you explain to us, then, why you are so without recollection about the 9th of December, when it was then revealed to your minister that not only had you not told her on Saturday about this problem, but you did not even tell her at 9 o'clock in the morning, at the first possible opportunity to get in touch with her about this issue on the 9th of December, or why you did not talk to her at 9:30 or at 10 or at 11? Indeed, it was closer to 11:30, I think, that we have discovered. Why is it that you do not have much recollection of the 9th of December?

1550

**Mr Decter:** I cannot—I do have specific recollection of being in the middle of telling Minister Lankin about the

phone call and debriefing her on the Sudbury meeting and Eugene's progress and Dr LeBlanc's progress in finding some policy ways to address the situation dealing with the cardiovascular people.

It was during that briefing that, as my memory goes, Sue Colley left the room, took the call from Melody Morrison and came back. But I did not register the significance of Minister Martel's comments because they seemed so remote from the issue we were dealing with, which was a Sudbury issue and which, you know—Thunder Bay, we had had, you know, pretty good monitoring of the situation. I was aware of some other kind of hot spots on the threshold in Windsor and one in Peterborough and we were, I think, doing as thorough a job as we could. We did not have an issue in Thunder Bay of any sort. So I was, if anything, sort of puzzled by it. But we all get into arguments from time to time and it did not seem to me to be, you know, out of the question that a minister would get in an argument with someone, you know, at a cocktail party, and there was not much kind of consequence for the ministry.

**Mr Elston:** Well, in fairness, we will pass over your inability to recollect on that basis. But you did prepare an answer for your minister to deliver in the House that said there was no release of information, and yet you still do not seem to have much recollection of whether or not your investigation into one of the areas in which you said you were most concerned when you assumed the role of deputy minister on the 6th of August, 1991, was brought into question. Did you not register that having to ask about the release of confidential information was a significant step to be taken?

**Mr Decter:** Yes, well, there was no question—

**Mr Elston:** Why do you not recall whether or not you spoke to Dr MacMillan?

**Mr Decter:** I can only tell you what I recall, and I have tried to do that faithfully. I do not recall the specifics of a conversation with Dr MacMillan, although all of the evidence suggests that either myself or someone very close to me who would normally make a call of that sort must have made that call. I mean, you know, that is—no, I have not been through, I have not—although you refer to extensive preparation, I have not read the other testimony before this committee, so I am not aware of what—

**Mr Elston:** I did not ask you to do that, but you did give us a letter from October 1990. You gave us letters from February 1991. You gave us the transmission of that material from the Sudbury Star. You gave us the Media-Reach material, which we had not had here before. I mean, you are prepared. You know what you are doing.

**Mr Decter:** Well, to be fair, Mr Elston—and, you know, counsel would confirm this—I have been trying through the course of the last couple of weeks to explain why I had not been more interested in Dr Donahue in November. It was not until this weekend when I found the boxes of material that I had had during the negotiations. As you can understand, I moved from Montreal and have not yet fully unpacked. I found the file that contained the February and October—the old material, which did date back to the negotiations. This was not information in the ministry.



**Mr Elston:** It is interesting to me, Mr Decter, that when you heard that Ms Martel was in some kind of an argument, and it may have revolved, in your recollection of Ms Morrison's conversation—a dermatologist from Thunder Bay. It would seem to me that any specialist in northern Ontario would have raised the flag for me, if I had been in the Ministry of Health, about the issue of the underserviced area program, potentially—northern physicians' discontent with what was called the cap by them, in fairness, and in your parlance "movable threshold" or some—

**Mr Decter:** The threshold payment adjustment.

**Mr Elston:** Yes, okay. It is painful, no matter how people look at it, in the medical practice up in northern Ontario, and that was what was generating a lot of heat. Would you not have been sensitive at all to the mention of someone who might have fallen into the category of an underserviced area professional? Would that not have raised a flag for you? You just came from a big meeting on that.

**Mr Decter:** I had just come from a meeting where essentially the point we were trying to make to 260 physicians in Sudbury was: "Look. At the maximum, a dozen or 15 of you are affected, and of that group a number are affected in a very marginal way. So we think, in essence, you have misunderstood the impact." So my sense of it was that we had a lot of misinformation, a lot of explaining to do to get people to really understand the issue. Um, so—

**Mr Elston:** You actually had told the people in Sudbury that there were a dozen or 15 of them who would run afoul of the cap?

**Mr Decter:** Yes, I had provided them with aggregated estimates as part of the media kit. We had provided that information to them to illustrate—essentially my point was: "You have misunderstood this. It affects far fewer of you than you think." We had people getting up even in the meeting and making the statement that all the specialists were going to leave Sudbury, which was a very difficult statement to sustain based on the evidence.

**Mr Elston:** So that aggregated material was all accomplished by going through individual physicians' files in Sudbury and doing a projection of where they were and where they were about to go, I presume, and then put together, is that it, by your officials?

**Mr Decter:** The material was assembled to support essentially an accurate portrayal of what was going on. I believe it is all in here as exhibit 8.

**Mr Elston:** The fact of the matter is that Dr MacMillan and Dr LeBlanc probably would have to have seen physicians' files and would have to have had material in front of them that would allow them to aggregate that material. Is that not true?

**Mr Decter:** No, I think that—well, I cannot answer that. I do not know—

**Mr Elston:** Well, somebody had to—

**Mr Decter:** I do not know whether you need detailed information or you can just pull it off on the coding. The information that was provided—well, there was a number

of bits, but the specific—well, there was detail on how many doctors in Sudbury city, northern Ontario, southern Ontario. There was information on—there were some specific examples that were pulled that were real cases but were not northern cases. They were deliberately pulled by staff at OHIP so that they could not be identified, so that we could make the point that the technical fee exemptions were substantial. For example, a specialist in vascular surgery could be billing over \$700,000—

**Mr Elston:** I think I do not really need to hear that material, thank you, Mr Decter.

**The Chair:** You have five minutes remaining, Mr Elston.

**Mr Elston:** That is one of the problems in this question-and-answer period, that there is not really very much time for questions.

Let me go to the December 5 meeting just briefly. The list of the underserviced area program people was actually put together first, was it not, for the December 5 meeting? That material was available, sitting in the Ministry of Health, but it had never been put together until it was requested for that meeting of December 5, had it, as a list?

**Mr Decter:** No, the list is dated October 31, and our preparations for that meeting did not begin—I did not agree to go until the week before, so—

**Mr Elston:** So the list itself—if we were to discover from any source whatsoever that that list had never existed prior to the December 5 meeting, you would say that the people who declared that to me, for instance, would have been in error. Is that right?

**Mr Decter:** Well, the list that I took with me to Sudbury was dated October 31. I was informed that it was public domain information and I reached the, I think, reasonable conclusion that it was a pre-existing list of some sort.

1600

**Mr Elston:** It was not a list compiled as of—information that was credible or at least that was in existence to the 31st of October 1991 rather than being dated that date?

**Mr Decter:** Well, that is a good question. I had read it as the list had been prepared on October 31, but I—

**Mr Elston:** I would like you if you could, Mr Decter, to investigate into that and report back to us here, if that is possible. I think we need that information because a lot has been made of that list. I must indicate that I have had some indication to me that the list had never been in existence prior to the preparations for the December 5th meeting. That in fact then does certain things to the materials which have been put in front of us.

Mr Decter, I have a couple of other questions which will probably jump around a wee bit because we are running short of time. You were a consultant and you actually would have received briefings in April—sorry, October 1990—sorry, December when you came in as a consultant to do business for the Ontario government with the Ontario Medical Association in the negotiations. What sort of briefings did you have then and what sort of oath did you take in relation to your information received?



**Mr Decter:** Peter Barnes contacted me in December, although I did not receive any briefings until January. In fact, an issue of some concern was that material was sent to me and it was misplaced for a time by Purolator.

**Mr Elston:** Oh, my.

**Mr Decter:** I spent some part of Christmas scrambling around to find it and we actually did—at one point Dr LeBlanc indicated to Purolator that if it could not produce the package, it would be having a visit from the OPP very shortly. It turned out that Purolator—

**Mr Elston:** The OPP even visit people who find packages, I have found.

**Mr Decter:** Well, there was that concern. I did not really receive any briefings until January when I visited Toronto on the assignment. The contract that Bernard Shapiro entered into with me on behalf of the Management Board contained significant confidentiality clauses. Those were respected and any information that I received that was confidential was kept confidential and was returned to the ministry on the conclusion of the assignment.

**Mr Elston:** When you concluded, in April, the negotiations, did you release any material to the OMA that would assist it in selling the package to its members? For instance, I have been advised that one of the things that the OMA was doing was indicating that a certain number of people only would be offended by the cap or the threshold issue and that there were somewhere around 6,000 physicians in the province who would reside between the billings of \$350,000 and \$400,000, which would mean they would be in what we described as sensitive areas. Did you or your negotiating team provide a breakdown to the OMA during negotiations of that type of information?

**Mr Decter:** There were discussions of physician billing distributions. I believe that material has been historically shared between the government and the OMA. That has nothing to do with individuals but how many physicians between certain billing levels. That was discussed. In fact, there were some lively discussions because there were some general practitioners well above the \$1-million billing level and there was some controversy back and forth about whether those were real physicians or several physicians under one billing number. But to be fair, by the time the OMA was out on its road show around the province, my contract was over and I was back trying to put the rest of my business back together.

**Mr Elston:** But in fairness you must have kept—

**The Chair:** Only one final question. Time has expired.

**Mr Elston:** You are kidding. I was just getting to enjoy this actually. Well, then, maybe I will reassess the question I was going to ask. I had a memo in front of me at one point—it is not here now—from Sue Colley, dated November 15th at 8:58 am. It talks to one Larry Corea about “a meeting I have had with Michael,” Ms Colley says. Michael was identified as you and she went on in the course of that document to identify certain numbers associated with Dr Donahue and some other things—it is exhibit 50—a whole series of other things. That exhibit, you

will note, has a whole bunch of deletions, because that was actually pursued in camera when we did the whole memo.

I am led to believe that this memo was generated out of discussions that Ms Colley had with you and that the materials, the specifics of this information followed a detailed discussion that you may have had with her. I will just set the framework for this memo. She had called Mr Corea the evening before. They had been worried about the inability of the minister's office to deliver certain materials to Mr Laughren's office and to Ms Martel's office. It is not clear in my mind whether they were also concerned about Ms Murdock or not, but certainly the two ministers. For three days or more they had been pursuing this and Larry Corea had asked Ms Colley, because they were concerned—

**Mr Wood:** What is your question?

**Mr Elston:** I am setting the framework for this because he is unaware of the transcript, he told us.

**Mr Hope:** He is going with the short stories.

**Mr Elston:** I will maybe have to repeat all this, Mr Chair.

**The Chair:** Allow the final question to be placed by Mr Elston without any interruptions.

**Mr Wood:** You told him a very short question.

**The Chair:** I said that he had one further question. Mr Elston is attempting to place that question so that Mr Decter can respond. I would hope that all members of the committee would allow that to happen. Mr Elston.

**Mr Elston:** I apologize for its being long, but to set the context for someone who has not reviewed the transcripts and otherwise—

**Mr Decter:** If I can shorten this, your counsel did share with me the November 15 memorandum last week. Mr Taman reviewed it with me, so I am familiar and I think I can answer a question.

**Mr Elston:** You think you can answer whatever I might ask you. I just want to repeat for the people out in Welland-Thorold who do not have the transcript in front of them and a whole series of other things, that Mr Corea had asked Ms Colley to talk to you about getting information about this particular situation up in Sudbury. We then were left with the evidence, exhibit 50, as a reply to Mr Corea. There was also some other information that was generated for him, including the now infamous number 44, which had gone to his office the day before and a whole series of things.

This seems to indicate to me, deputy, that you had at least several contacts with people other than the minister about Dr Donahue, that you had at least chatted—you must have chatted, or maybe I am just misunderstanding or misreading the information that Ms Colley left with us, but it certainly appears as though the information that was generated out of her memo dated the 15th of November at 8:58 followed your conversations. Can you describe for us the meeting you had with Sue Colley, the details of the materials that you gave to her with respect to Dr Donahue and an explanation, if you can, why it was only following your encounter with her on the morning of November 15 that this material was generated for us?



**Mr Decter:** Well, I had a brief meeting with Sue Colley, which was not unusual. The minister's executive assistant would and still does often pop in for two minutes or three minutes to catch me on an issue or several issues. We both tend to start early. So my recollection is that we discussed the issue in general, that there was some heat. My memory is that I reiterated to her that we were dealing here with an epilation issue, not a threshold issue, in my view, but that it was a difficult issue for us because the service impacts thing could not be addressed.

You may see in Sue Colley's point 4 essentially the thinking that led to my letter to Dr Donahue, which is, we do not really know what the service impact—the question we were being asked by the minister's office very forcefully was, "What's going to be the impact on services?" Well, you do not know what the impact on services is going to be unless you can get at what the individual physician is actually doing in his or her practice because, you know, saying someone is a dermatologist does not mean that is what he is—you know, he may be doing epilation, he may be doing something else. You know, physicians have wide practice variations, despite what title they might have on the door. Some family practitioners deliver a lot of babies, some do not deliver any babies.

So in terms of the number, I do not believe I provided Sue Colley with a number. I would not have had a number.

**Mr Elston:** You do not believe her?

**Mr Decter:** No, my testimony would be I did not provide her with a number, and having been shown the number, which I will not repeat here because I believe that is why it has been wiped out—

**Mr Elston:** That is right, exactly.

**Mr Decter:** I tried with your counsel to sort of construct a way one could get to that number, and I could not. It seemed to me that it was the wrong number on everything I knew then or still. So I do not know where the number came from, but it did not come from me.

**Mr Elston:** Could we just have the witness tell us how he would have constructed the development of a number that would either lead Ms Colley to put it in this memo or perhaps even lead Miss Martel to suggest there were unacceptable billing practices?

**The Chair:** That may be a question in camera, I am advised by counsel.

**Mr Elston:** I think it is a good question.

**The Chair:** Time has expired. Certainly, if there are any members who wish to continue that line of questioning, we are going to be moving into an in camera session. Before doing that, members will remember that Mr Eves referred to a series of press clippings. They are now being distributed and will be marked as exhibit 77. We will recess for 10 minutes so that we may be able to move the session into an in camera proceeding.

The committee continued in closed session at 1612.

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M-35 1991/92

M-35 1991/92

ISSN 1180-436X

## Legislative Assembly of Ontario

First Intersession, 35th Parliament

## Assemblée législative de l'Ontario

Première intersession, 35<sup>e</sup> législature

## Official Report of Debates (Hansard)

Tuesday 3 March 1992

## Journal des débats (Hansard)

Le mardi 3 mars 1992

### Standing committee on the Legislative Assembly

Inquiry re  
Ministry of Health  
information

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Published by the Legislative Assembly of Ontario  
Editor of Debates: Don Cameron



Publié par l'Assemblée législative de l'Ontario  
Éditeur des débats : Don Cameron

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# LEGISLATIVE ASSEMBLY OF ONTARIO

## STANDING COMMITTEE ON THE LEGISLATIVE ASSEMBLY

Tuesday 3 March 1992

The committee met at 1010 in room 151.

### INQUIRY RE MINISTRY OF HEALTH INFORMATION TIINA JARVALT

**The Chair:** We will call the standing committee on the Legislative Assembly meeting to order for this morning's agenda of Tuesday, March 3. Members will have before them an agenda. Today we will be calling first Ms Tiina Jarvalt. Welcome.

**Ms Jarvalt:** Thank you.

**The Chair:** Ms Jarvalt, it has been the practice of these hearings that prior to the giving of testimony, the response to questions, that an oath be administered, and at this point in time I would like to invite the clerk to administer the oath.

Tiina Jarvalt, sworn.

**The Chair:** Ms Jarvalt, again it has been the practice that a warning be issued to anyone who does come before the committee as a witness, and that is that in the event you are asked a question that you cannot properly answer without divulging confidential information, we would ask you or your counsel to advise the committee, and if there is not a way to disclose this information without divulging information of a confidential nature, then the matter may be addressed in camera.

Before inviting Ms Jackson to commence questioning, I would ask if you could, for Hansard's purpose, introduce your counsel.

**Mr LeDrew:** I can introduce myself.

**The Chair:** That is good.

**Mr LeDrew:** My name is Stephen LeDrew. I am from Cassels, Brock and Blackwell.

**The Chair:** Thank you very much, Mr LeDrew.

**Ms Jackson:** Ms Jarvalt, you are the executive assistant to the Deputy Minister of Health, Mr Decter?

**Ms Jarvalt:** That is correct.

**Ms Jackson:** How long have you held that position?

**Ms Jarvalt:** I have held that position since the end of May of 1991 and I have been with Mr Decter since he commenced work in—

**Ms Jackson:** I am sorry, you are going to have to speak up. Can you lean a little closer to the mike?

**Ms Jarvalt:** I have been with Mr Decter since he started work in August and in that position previously since May of 1991.

**Ms Jackson:** All right. And as I understand it, you have been with the Ontario government for a number of years?

**Ms Jarvalt:** Yes, with the Ministry of Health for seven years.

**Ms Jackson:** All right. Now, within the deputy minister's office I understand that his personal secretary, the correspondence clerk, two temporary staff and the administrative assistant report to you?

**Ms Jarvalt:** That is correct.

**Ms Jackson:** And in November and December of 1991, the administrative assistant was Mary Doyle?

**Ms Jarvalt:** Correct.

**Ms Jackson:** Could you briefly, for the committee, describe your responsibilities as executive assistant?

**Ms Jarvalt:** Essentially to ensure the smooth functioning of the deputy's office, which entails reviewing and expediting the preparation of correspondence, dealing with incoming visitors, preparing or collecting information for the deputy as required.

**Ms Jackson:** Can I ask you to move your microphone? We seem not to be picking you up very well on this one.

**The Chair:** I would like that we could check to see if that microphone is picking it up and is operational.

We are advised that it might be better if you switched. You might want to move those exhibit books at this point. It might be easier down the line.

**Ms Jackson:** May I ask you to repeat that answer, Ms Jarvalt; that is, to briefly describe your responsibilities as executive assistant.

**Ms Jarvalt:** Essentially, to ensure the smooth functioning of activities in the deputy's office, which involves reviewing and expediting the preparation of correspondence, compiling or retrieving for the deputy information that he requires, dealing with incoming enquiries and supervising staff.

**Ms Jackson:** In respect of Dr Donahue, I understand that he came to the attention of your office some time in late October or early November in connection with correspondence announcing his office closing?

**Ms Jarvalt:** I do not recall specifically when, but there has been incoming correspondence about Dr Donahue.

**Ms Jackson:** And would it be within approximately that time frame of late October, early November of 1991?

**Ms Jarvalt:** I believe so.

**Ms Jackson:** And as well, as I understand it, some media clippings relating to Dr Donahue and the epilation issue and the closing of his office came into the deputy's office.

**Ms Jarvalt:** That is correct.

**Ms Jackson:** Now, your role in connection with that, as I understand it, was to see that the correspondence was directed to the appropriate people for response?

**Ms Jarvalt:** That is right.

**Ms Jackson:** And you had, as I understand it, no personal involvement in dealing with Dr Donahue's problem?

**Ms Jarvalt:** No, none at all.

**Ms Jackson:** It was not, at any point throughout the fall of 1991, a particular focus for you?

**Ms Jarvalt:** No, that is correct.

**Ms Jackson:** Now, in response to enquiries from our office, or I guess anticipated enquiries from our office, I understand that you instructed that e-mails with respect to this matter which you might have had on your system and which were deleted, be retrieved.

**Ms Jarvalt:** Yes, that was in response to, I believe, a request from Andrew Parr in relation to this inquiry. Every individual in the ministry who may have had some dealing with the threshold issue or Sudbury doctors was asked, once the inquiry was announced, to retrieve any related electronically transmitted information.

**Ms Jackson:** All right. Now, I have given the clerk—and I would ask that we distribute—a package of the e-mails that were restored in respect of this instruction.

**The Chair:** Those interoffice memorandums with the first date of February 7, 1992, at 12:54 pm will be marked as exhibit 79.

**Ms Jackson:** Now, Ms Jarvalt, just so we understand what we have before us here, there are a number of e-mails that are within the period November 8, 1991, to November 13, 1991, and each of them has a covering e-mail dated February 7, 1992, from "restore-restore." I understand that "restore-restore" is essentially the black hole where erased e-mails go. Is that about right?

**Ms Jarvalt:** That is the method that I use to retrieve these documents, because after reading them from my account, I deleted them. They are backed up by the system, and it is possible, not in every case but in most cases, to restore any deleted information from a user's account.

**Ms Jackson:** Now, can you describe for the committee exactly what instructions you gave that resulted in these e-mails being produced? What I am really wanting to know is, what e-mails did you ask to have retrieved?

**Ms Jarvalt:** Well, I believe I was given a period of time during which I was to retrieve information. I believe it was from the beginning of November until—it was around the week of December 11, 12, that I actually put in the request to our systems branch. So they created a new account called "restore" and they sent back all e-mails that had been sent or received during that period of time.

**Ms Jackson:** All e-mails sent or received by you?

**Ms Jarvalt:** Exactly.

**Ms Jackson:** And would that include e-mails on which you were copied?

**Ms Jarvalt:** Yes, I believe so. This is all that came up. The system has one drawback. They do produce weekly and monthly backups of all information that is sent and received by users on the system, and there are about 2,000 at the Ministry of Health. But if a user deletes an e-mail prior to the backup having been performed, that is lost for ever. It is not possible to retrieve it.

**Ms Jackson:** How often is the backup performed?

**Ms Jarvalt:** I believe weekly there is a backup, and also monthly.

**Ms Jackson:** So if you were in the habit of deleting your e-mails daily, most of them would not be in the restore system?

**Ms Jarvalt:** I am in the habit of deleting quite frequently, because I get a large amount of e-mails, and the system capacity slows down to such an extent that the system is virtually useless to me if too many e-mails collect on my system.

**Ms Jackson:** Just back to the instruction that you gave that produced these. What was the subject matter or the reference for the e-mails in this period that you asked to have?

**Ms Jarvalt:** I asked them to send me everything.

**Ms Jackson:** Absolutely every e-mail you produced.

**Ms Jarvalt:** Absolutely everything.

**Ms Jackson:** Or received.

**Ms Jarvalt:** That is right.

**Ms Jackson:** And is this the sum total of that, or have you culled from the e-mails the ones that appear to you to be relevant?

**Ms Jarvalt:** These are the relevant e-mails, the ones dealing with thresholds, Sudbury doctors.

**Ms Jackson:** Or Dr Donahue?

**Ms Jarvalt:** Donahue, exactly.

**Ms Jackson:** And I take it from what you say, then, that these are e-mails that would have stayed on your system a little bit longer than usual, in that—

**Ms Jarvalt:** These are e-mails that I did not delete, and hence they were picked up by the backup process and were able to be restored.

**Ms Jackson:** So ordinarily, you delete e-mails approximately, what, daily, do you?

**Ms Jarvalt:** I do delete, yes, certain items daily.

1020

**Ms Jackson:** So these would be e-mails that stayed on past the usual daily deletions.

**Ms Jarvalt:** Exactly.

**Ms Jackson:** Now, included in those e-mails is one dated November 13, 1991, 3:07 pm, from Kimberley Bain. Sorry, wrong one. November 13, 1991, from Denise Allen to yourself, among others. This is the one at 3:55 pm. Do you have that one in front of you?

**Ms Jarvalt:** Yes, I do.

**Ms Jackson:** When you received this e-mail back on the 7th of February, did you recall that you had in fact received it in November?

**Ms Jarvalt:** Yes, I did. I believe I read this e-mail on November 14 some time late in the day. I had been out of the office on the 11th, 12th and 13th. I recall—

**Ms Jackson:** I am going to ask you about the circumstances, but I am just now wanting to understand, when



you saw this on February 7, you remembered that you had seen it before?

**Ms Jarvalt:** Yes.

**Ms Jackson:** Had you had an independent recollection of seeing it before, prior to receiving it back on February 7?

**Ms Jarvalt:** Just that it looked familiar. I had seen it. I had read it initially.

**Ms Jackson:** All right. Now, I am going to ask you about the circumstances surrounding that. But just to understand what else you might have seen that seems not to have come up in this search, could I ask you to turn—well, some of these do not relate to e-mails—but could I ask you to turn to exhibit 10 in the black volumes in front of you.

**Ms Jarvalt:** These are transcripts.

**Ms Jackson:** That is a transcript. I am going to ask you about a couple of things that are not e-mails and then I am going to ask you about the e-mails. Exhibit 10 is the transcript of an interview with Dr Donahue.

**Mr LeDrew:** Which exhibit 10?

**Ms Jackson:** It should be under tab 10.

**Mr LeDrew:** Of Monday the 17th of February?

**Ms Jackson:** November 8th.

**Ms Jarvalt:** I think we have the wrong binder.

**Ms Jackson:** I think you are looking in the Hansard binders. There is a big black binder of exhibits there and I am looking at an exhibit which is in fact a transcript of a television interview.

**Mr LeDrew:** MediaReach?

**Ms Jackson:** That is the one. Have you seen that or did you see that in November, Ms Jarvalt?

**Ms Jarvalt:** I do not recall specifically.

**Ms Jackson:** All right. At tab 11, there is a MediaReach interview with Dr Donahue on November 13. Have you seen that?

**Ms Jarvalt:** Again, I do not recall specifically.

**Ms Jackson:** And at tab 14, there is a briefing note of November 14, 1991, concerning a dermatologist in Sudbury. Have you seen that?

**Ms Jarvalt:** No, again I do not recall.

**Ms Jackson:** And if you could turn to tab 28, there is an e-mail of November 12 from Larry Corea which is copied to a number of people, including yourself. Do you recall whether you saw that?

**Ms Jarvalt:** No, I am sorry, I do not. I have obviously received it since I was cc'd on it.

**Ms Jackson:** But you do not remember it?

**Ms Jarvalt:** No.

**Ms Jackson:** Similarly at tab 30, there is another e-mail that is apparently copied to you. Do you recall if you received that?

**Ms Jarvalt:** No, I am sorry, I do not.

**Ms Jackson:** And at tab 31, an e-mail from Dr MacMillan copied to you; do you recall if you received that?

**Ms Jarvalt:** No, I do not.

**Ms Jackson:** And at tab 33, from Larry Corea on November 28, an e-mail copied to you; do you recall if you received that?

**Ms Jarvalt:** No, I am sorry, I do not recall.

**Ms Jackson:** And then if you could go to exhibit 48, that is a fax of an announcement of Dr Donahue's office closure. Do you recall if you saw that?

**Ms Jarvalt:** No, I have not seen this.

**Ms Jackson:** Have not seen that?

**Ms Jarvalt:** I have not seen this.

**Ms Jackson:** And then there is an e-mail at tab 50 from Susan Colley to Larry Corea, parts of which have been edited out. Do you recall if you saw that?

**Ms Jarvalt:** No, I have not seen this.

**Ms Jackson:** You have not seen it, or you do not recall whether you saw it? One or the other?

**Ms Jarvalt:** No. I am quite certain I have not seen this.

**Ms Jackson:** Now, the e-mail of November 13, 1991, at 3:55 from Denise Allen that we were looking at a moment ago: You have indicated you recall seeing that on November 14. In the second paragraph of the e-mail there is reference to a profile of Dr Donahue which is to be delivered separately to each of you, along with transcripts of Dr Donahue's interviews. Do you recall receiving that package?

**Ms Jarvalt:** No, I did not receive that package.

**Ms Jackson:** Do you recall whether you did? Are you saying you did not, or that you do not recall whether you did or you did not?

**Ms Jarvalt:** I know I have not received the package.

**Ms Jackson:** Given that you have told us there were a number of e-mails that came to you that you do not recall receiving—

**Ms Jarvalt:** I do not recall receiving that package.

**Ms Jackson:** So you do not recall receiving it but you might have? You have no recollection of it?

**Ms Jarvalt:** Not personally. It may have been left in my office or in the deputy's office, but I personally do not recall seeing it.

**Ms Jackson:** Indeed, as I understand it, you have been told by someone that it was delivered to your office, is that correct?

**Ms Jarvalt:** That is correct.

**Ms Jackson:** Who told you that?

**Ms Jarvalt:** I believe it was Paul Howard. He said that it had been delivered to the deputy's office. So he did not say it had been delivered to my office, but perhaps to the outer office.

**Ms Jackson:** Have you made inquiries within your office as to whether anyone recalls seeing it?

**Ms Jarvalt:** Yes, definitely. I asked all five members of the staff and no one recalls having seen it.

**Ms Jackson:** Those would include Mary Doyle, who is copied on this e-mail?

**Ms Jarvalt:** Correct.

**Ms Jackson:** Does Mary Doyle recall receiving this e-mail?

**Ms Jarvalt:** She recalls receiving the e-mail, but she does not recall having received or seen the package.

**Ms Jackson:** If it was delivered to you—and there has been some suggestion in the evidence that it was—where would it go?

**Ms Jarvalt:** It could have been left in the outer office, the reception area, where the secretary sits, Bessie Callitsis, and the correspondence clerk. There is a large table there. Incoming items for the deputy are left there because they are date-stamped and they would be logged. Or on occasion things are left in my office for the deputy, but if that is the case, if they are for the deputy, destined for him, I would then give them to either Mary Doyle or Anita Alfred, our correspondence clerk, and she would log them.

**Ms Jackson:** You have said they may be logged. As I understand it, they are not necessarily logged when they are coming to you.

**Ms Jarvalt:** That is correct.

**Ms Jackson:** So it is not possible to determine from looking at a record whether or not this package was delivered to you?

**Ms Jarvalt:** We did check a record to see if in fact anything of this nature had been logged; nothing had been.

**Ms Jackson:** The fact that it has not been logged does not mean it was not delivered, as I understand it.

**Ms Jarvalt:** Exactly.

**Ms Jackson:** If it was delivered to you and was put in your office, I take it it would be unusual for somebody to go in your office and retrieve it without telling you? Or would it?

**Ms Jarvalt:** It would be unusual for that to happen.

**Ms Jackson:** Have you had any information as to whether anybody did?

**Ms Jarvalt:** No. No one in the office recalls having seen anyone the evening of the 13th or the morning of the 14th in my office retrieving anything.

**Ms Jackson:** Given that this is an item that, as you have said, was not a focus for you—and it is clear you were getting an enormous number of e-mails that made no particular impression on you; I do not mean that they should have—I am going to suggest to you that it is at least possible that this package was delivered to you and seen by you but you do not recall it.

**Ms Jarvalt:** I do not recall having seen the package.

**Ms Jackson:** But it is possible that you did and do not recall?

**Ms Jarvalt:** It is unlikely, because I was out of the office on the 13th. I was at a meeting until around 5 o'clock. I did not return to the office until the following morning, on the 14th. I was not the first person in the office that morning, because I had had a small car accident. So I was in the office around 9, 9:15, and I certainly do not recall having seen it, especially since I believe it was Paul Howard who mentioned to me that he thinks

something was delivered and possibly it was retrieved. I would not have seen it the morning of the 14th.

**Ms Jackson:** Since we are talking about something that may or may not have been delivered or picked up—I mean, you do not have any personal knowledge of that, is that fair?

**Ms Jarvalt:** That is correct.

**Ms Jackson:** So we cannot say with certainty, "At a particular time it was picked up." Is that fair?

**Ms Jarvalt:** That is true.

**Ms Jackson:** I am just trying to understand what we can rule out here and what we cannot. Is it not at least possible that when you came in on the 14th it was there and you saw it, but it was not of any significance to you and you now cannot recall?

**Ms Jarvalt:** Well, I do not recall having seen it, but I guess it is possible.

**Ms Jackson:** There is no method, as I understand it, from the inquiries you have made, of determining with any certainty what did happen to this?

**Ms Jarvalt:** That is correct.

**Ms Jackson:** Whether it was delivered and whether it was picked up?

**Ms Jarvalt:** That is correct.

**Ms Jackson:** Let me take you forward to the day of Monday, December 9, which is the day on which the matter of Shelley Martel and her conversation in Thunder Bay was discussed in the Legislature for the first time. That morning, did you have a conversation which alerted you to that fact?

**Ms Jarvalt:** Yes. I had noted in my calendar that at 11:20 I had a briefing with Kimberly Bain, our contentious issues manager, and a briefing coordinator. Then at 11:30 we commenced a meeting with the minister.

1030

**Ms Jackson:** Did this meeting with Kimberly Bain relate to the incident in Thunder Bay?

**Ms Jarvalt:** I asked Kimberly Bain about that, because she keeps records of all information that she presents to the minister at the pre-House briefing sessions, and she in fact provided me with a copy of a briefing note on thresholds that was provided to the minister that day in the pre-House briefing. The meeting at 11:20: I spoke with Kimberly yesterday. She recalls that she advised me of an incident on the previous Friday regarding a Dodds at an event where the deputy was giving a speech, that an issue regarding the threshold and Donahue had been raised, but what specifically was discussed I am afraid I do not recall.

**Ms Jackson:** Apart from your having discussed this with Kimberly Bain, you had no independent recollection of this at all.

**Ms Jarvalt:** Exactly.

**Ms Jackson:** Have you made inquiries as to whether there was anything provided in writing concerning this incident?



**Ms Jarvalt:** Yes, I did. I asked Kimberly Bain to provide me with all priority briefings that were brought into the pre-House briefing session on Monday the 9th, and I provided my counsel with copies of this.

**Ms Jackson:** As I understand it, none of those relate to the incident in Thunder Bay.

**Ms Jarvalt:** That is correct.

**Ms Jackson:** All right. We were told yesterday by the deputy that he was asked by the minister when this incident was raised with her to make inquiries as to whether any confidential information had made its way out of the ministry, and he suggested he might have involved you in that investigation. Do you recall making any inquiries in answer to that request from the minister?

**Ms Jarvalt:** I vaguely recall that in follow-up to the meeting with the minister on Monday the 9th from 11:30 I was asked to ensure that no confidential information had been provided in a priority briefing, and I was asked to call Dr Bob MacMillan. I vaguely recall calling Dr MacMillan. He assured me verbally over the phone that that was the case, but as is usual when I am following up on items for the deputy, especially if they relate to items raised at the minister's meetings, I asked him to provide me his answer in writing, and he subsequently sent me an electronic message, an e-mail message, that was received on December 10. It was sent to Michael Decter and to me, and the reason that it was not retrieved in my account when I asked the systems people to do that is that likely I read and I deleted that e-mail message the same day and it would not have been picked up in the backup.

**Ms Jackson:** You have said you vaguely recall talking to Dr MacMillan. Does that mean you might have talked to him, you might not have talked to him?

**Ms Jarvalt:** Well, I think I called him. I do not have any record of follow-up action from the meeting.

**Ms Jackson:** What is your best recollection of the specific question you put to him?

**Ms Jarvalt:** "Has any confidential information been given in priority briefings that would violate FOI regulations?"

**Ms Jackson:** Do you recall why you limited the inquiry to priority briefings?

**Ms Jarvalt:** No, I do not.

**Ms Jackson:** You have this morning provided me through your counsel with a copy of what you received from Dr MacMillan. Could we circulate that, Mr Chairman, and mark it as the next exhibit. That will be exhibit number 80.

**The Chair:** Yes, that is marked as exhibit number 80, and it is an interoffice memorandum of three pages, commencing with the date December 10, 1991.

**Mr Conway:** If I might, Mr Chairman, did we number that batch of e-mails?

**Ms Jackson:** That is 79.

**The Chair:** That is 79.

**Mr Conway:** Thank you.

**Ms Jackson:** That is the answer that you received from Dr MacMillan the following day.

**Ms Jarvalt:** Yes.

**Ms Jackson:** And as we see, it was also sent to Mr Decter.

**Ms Jarvalt:** Correct.

**Ms Jackson:** Thank you, Ms Jarvalt. Mr Chairman, those are my questions.

**The Chair:** Thank you very much, Ms Jackson. We will commence questioning with members of the government side. Are there any questions? No questions. We will now move to members of the opposition. Mr Elston. I would like to remind members that the time limit is 20 minutes per caucus.

**Mr Elston:** Thanks very much, Mr Chairman. I have a couple of questions and they actually revolve around something that I have not heard you speak about, but I did not come in right at the beginning of this whole thing, so if I am repeating questions, please advise me.

I am interested in the morning of December 9. I spoke yesterday with the deputy minister. He had been advised, he told us, on the previous Saturday about a misadventure that Miss Martel had gone through, not with any specifics that encouraged him to contact the minister. Were there any special instructions given to you on the morning of the 9th of December to prepare for instructing Ms Lankin about the episode that Mr Decter found out about on Saturday? Do you recall?

**Ms Jarvalt:** No, not that I recall.

**Mr Elston:** Was there anything delivered to you that would encourage you to get priority briefings put in place to discuss the issue at all?

**Ms Jarvalt:** No, not that I recall.

**Mr Elston:** So you had no instructions from Mr Decter that would prepare the deputy minister's office to brief the minister about a possible problem.

**Ms Jarvalt:** No, not that I recall.

**Mr Elston:** None whatsoever?

**Ms Jarvalt:** No.

**Mr Elston:** Did you have a meeting with Mr Decter that morning?

**Ms Jarvalt:** Only a meeting involving the minister which commenced at 10:30, and I recall that only from having checked my calendar.

**Mr Elston:** It started at 10:30—

**Ms Jarvalt:** At 11:30, sorry.

**Mr Elston:** So it started at 11:30?

**Ms Jarvalt:** Yes.

**Mr Elston:** Were you present at that meeting?

**Ms Jarvalt:** Yes, and present at—

**Mr Elston:** Had anything been mentioned in the meeting about the message to Mr Decter?

**Ms Jarvalt:** Not that I recall.

**Mr Elston:** You were, at all times during this episode, I guess from the 6th of August at any rate, the executive assistant—



**Ms Jarvalt:** That is correct.

**Mr Elston:** —to the deputy minister. Can you tell me, were you involved in following along with the decisions about epilation and other issues facing the underserved area program physicians?

**Ms Jarvalt:** No, I was not.

**Mr Elston:** Can you describe your role, then, with respect to those?

**Ms Jarvalt:** Essentially actioning out to individuals to prepare or to compile information, to ensure that it is received by the deputy on the deadline that he set. Essentially to expedite.

**Mr Elston:** You are not there to make decisions.

**Ms Jarvalt:** No.

**Mr Elston:** But merely to transmit the decisions or requests for information.

**Ms Jarvalt:** That is correct.

**Mr Elston:** Can you recall the preparations that were going on around the meeting of December 5th?

**Ms Jarvalt:** For the deputy's visit.

**Mr Elston:** That is correct, to Sudbury.

**Ms Jarvalt:** Yes.

**Mr Elston:** Do you remember what materials were required for that?

**Ms Jarvalt:** Not specifically, but I do recall that an information package was put together. The communications branch was involved and Eugene LeBlanc, and they were the preparers of the information.

**Mr Elston:** You yourself were not involved in preparing?

**Ms Jarvalt:** No.

**Mr Elston:** Were you involved at all in transmitting the types of information that were to be prepared or that was to be prepared?

**Ms Jarvalt:** No. A lot of the information was brought directly to the deputy.

**Mr Elston:** So your involvement in that is—

**Ms Jarvalt:** Nil.

**Mr Elston:** —limited. Okay. I am interested in the communications that go on between the minister's office and the deputy minister's office. Can you describe for us the contact points, if I can put it at that, between the two offices? Who speaks with whom and at what level of gravity would the communications occur at those levels, if I can describe issues in that light?

**Ms Jarvalt:** The deputy speaks most frequently with Sue Colley and with the minister, but that does not preclude any other member of the staff from the minister's office from speaking with the deputy or from his going over to their office and having a meeting either individually or, as part of a regular meeting with the minister, individuals might be called in from her staff or from the bureaucracy—as was the case on the morning of the 9th when we had the regular meeting with the minister; Eugene LeBlanc would have been called in.

**Mr Elston:** Would Sue Colley talk directly to you at all?

**Ms Jarvalt:** Very seldom.

**Mr Elston:** So Sue Colley basically was in communication mostly with the deputy minister or would be at most times?

**Ms Jarvalt:** That is correct.

**Mr Elston:** And she would be the primary point of contact, other than the minister.

**Ms Jarvalt:** Other than the minister; that is right.

**Mr Elston:** Would Larry Corea have had any contact with the deputy at all?

**Ms Jarvalt:** Not that I am aware. Very seldom did he come to the deputy's office.

**Mr Elston:** And your contact with the minister's office was really just through—

**Ms Jarvalt:** Through Sue Colley primarily.

**Mr Elston:** Through Sue Colley. Was there at any time any exchange of information between you and Sue Colley concerning Dr Donahue?

**Ms Jarvalt:** No, not that I recall.

**Mr Elston:** Not that you recall?

**Ms Jarvalt:** No.

**Mr Elston:** Do you remember at any time arranging meetings between the deputy minister and any members of the ministry—I guess this may or may not be something that you can advise us; if it is going to take you into confidential material, let us know—that focused on the issue of epilation, the effect of deinsuring it and the people for whom it would cause most difficulty?

**Ms Jarvalt:** No, I do not recall arranging such meetings. The deputy's secretary normally would be the one arranging meetings. That would be Bessie Callitis.

**Mr Elston:** So you would not be in a position to sit in on any of those meetings or to arrange them. You were merely expediting materials that would come up.

**Ms Jarvalt:** Correct, unless the deputy would specifically request that I be present, but I do not recall having been present at any meeting where those issues that you have mentioned would have been discussed.

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**Mr Elston:** Well, we have just heard from the deputy that the epilation issue had been one of abiding interest. It had first gained his attention from an article that was given to him, I suspect given to him anyway, when he was first involved with the ministry as a consultation. He had, I think, given us an article yesterday from October 1990. Do you recall what sorts of materials Mr Decter was arranging to receive as he was grappling as deputy minister with deinsuring epilation?

**Ms Jarvalt:** No. I am afraid I do not recall.

**Mr Elston:** Do you recall whether or not Mr Decter was engaged with the issue of epilation around the middle of November?

**Ms Jarvalt:** Well, from the priority briefings that I would have seen at the pre-House briefing that were



brought by Kimberly Bain, who had actually actioned and compiled them, I believe epilation was a topic.

**Mr Elston:** Was a topic.

**Ms Jarvalt:** But other than that I really do not recall specifically.

**Mr Elston:** I am just trying to understand how this issue was being decided in the deputy's office and yet people do not seem to be able to recall how this information was coming to them, and the deputy was not able yesterday. I know that you were not making the decisions but you are not quite able to communicate what materials were coming to him. I am wondering how we might understand how it was that the minister's office was trying to get information about Dr Donahue and about the cap or threshold, whatever it is called in the ministry, and nobody seems to be able to recall what information was being tracked. Were you ever contacted by Sue Colley to get information about the Sudbury situation?

**Ms Jarvalt:** No. Never.

**Mr Elston:** Nothing for Mr Laughren or Ms Martel?

**Ms Jarvalt:** No, not that I recall specifically.

**Mr Elston:** So all the contacts were being done directly to the deputy minister. Were you asked by the deputy to expedite getting information?

**Ms Jarvalt:** As was the case when we had the meeting on the 9th, when we meet with the minister, any follow-up items I would be the one responsible for calling or contacting the appropriate individual. Once I was able to find this electronic message I recalled that, yes, I did speak with Dr MacMillan and asked him to, as I mentioned, indicate whether confidential information had been supplied in a priority briefing. As I mentioned before, typically I would ask them to follow up in writing with comment or with a response that they had given to the deputy.

**Mr Elston:** You become in a way a bit of a clearing-house for all the logistics of pulling this information together, do you not?

**Ms Jarvalt:** Yes, I do.

**Mr Elston:** Those are my questions, but Mr Conway has—

**The Chair:** Mr Conway.

**Mr Conway:** Thank you very much. I am just looking at the information, Ms Jarvalt, that has been provided in exhibits 79 and 80. For me one of the central pieces of information is what we know as exhibit 44, the Teatero memoranda of November 13, one of which was sent, I think, at 11:41, and a second one was sent, I think, at 2:40 in the afternoon.

You have helpfully provided us with exhibit 79, and what I find interesting about exhibit 79 is that approximately one hour after the second of those Teatero memoranda arrived and no more than four hours after the first one arrives, we know the following now, and that is that Denise and Maurice—Denise Jones and Maurice Allen—

**Ms Jarvalt:** No. Denise Allen and Maurice Jones.

**Mr Conway:** That is right. Thank you. Two communications people in the ministry are contacting yourself, Eugene LeBlanc, Dr MacMillan, Mary Doyle, Diane McArthur and Paul Howard of the minister's personal staff to tell you all that down in the bowels of the Ministry of Health, "We have a profile of Dr Donahue from the health insurance division at Kingston." I would take that to be the contents of exhibit 44.

I am just simply looking at the information that you have provided, and it seems to me not unreasonable to assume that these two people from the ministry's communications department are telling the deputy's office, the minister's office, Dr MacMillan's office, that by 3:55 pm on the afternoon of November 13, 1991, roughly four hours after the first of those memoranda arrived, they "have a 'profile' of Dr Donahue from the health insurance division...which we are delivering separately to each of you" along with transcripts of the CBC Radio and MCTV interviews in Sudbury, because of course there is interest in Sudbury on this question. I just simply raise that because you are one of the people who is e-mailed here. You say that you do not have any memory of that arriving.

**Ms Jarvalt:** Well, I would not have seen it on the 13th; I am sure of that.

**Mr Conway:** I understand that.

**Ms Jarvalt:** And I do not recall.

**Mr Conway:** The reason I ask that, because I heard what you said earlier to committee counsel, is that the next morning, we know from earlier testimony—committee counsel can correct me if I am wrong, but as I recall Dr MacMillan's testimony and I think the testimony of Mr LeBlanc, the next morning, I think it was in Dr LeBlanc's office, Dr MacMillan is in town. He sees these memoranda, expresses some very real concern and orders their recall. My words, not his, but I think they are generally accurate.

What I would like you to help me with is back to the morning of November 14, just after these events occurred. I think you told Mr Elston or committee counsel that you had had a little car accident on the morning of the 14th, so you were delayed in getting to the office.

**Ms Jarvalt:** That is correct.

**Mr Conway:** What do you remember, if anything, about the comings and goings around Dr LeBlanc's office? Do you remember, for example, Dr MacMillan being around and about the place on the morning of the 14th?

**Ms Jarvalt:** No, I do not. I had not noted in my calendar either that there was any meeting scheduled. I have checked that, my calendar for the 14th. I do not recall anything specific or out of the ordinary for the morning of the 14th.

**Mr Conway:** You had not heard anything about his being in Mr LeBlanc's—pardon me; it is Dr LeBlanc too, I think—in Dr LeBlanc's office? You heard nothing of the activity over there particularly as it concerned Dr MacMillan's concern about the Teatero memoranda?

**Ms Jarvalt:** No. I do not recall any information. Not a word.



**Mr Conway:** How far is Dr LeBlanc's office from—

**Ms Jarvalt:** Two floors down.

**Mr Conway:** Pardon me?

**Ms Jarvalt:** I believe he is two floors down.

**Mr Conway:** Oh, so he is not on your floor. He is down.

**Ms Jarvalt:** We are on the 10th floor. I believe he is on the 8th.

**Mr Conway:** So I should understand then that on the 14th and the 15th, you did not hear anything about what Dr MacMillan had ordered?

**Ms Jarvalt:** Not that I specifically recall. The deputy most usually meets with individuals in his office, but it is not unlikely for him to go to the office of another individual with whom he is meeting, as in the case of the minister's office or minister's staff. So I would not be aware of his comings and goings. My office is not situated in such a position that I could actually see that.

**Mr Conway:** I am interested because you were apparently copied on this famous—

**Ms Jarvalt:** That is right. My name is right there.

**Mr Conway:** The other witnesses—particularly Dr MacMillan created the impression with me that he was concerned, and he either directly or through Diane McArthur ordered those recalled as quickly as possible. But nobody ever, ever spoke to you about, "Give me your copy back"?

**Ms Jarvalt:** No. When this was first brought to my attention, and my calendar would note that that was some time during the week of December 9, 10 or 11, it was Paul Howard, I believe, who brought this to my attention. He came to me with a copy of this memo, the November 13, 3:55 e-mail. He said, "Have you seen this? Have you seen the profile?" I said, "No, let me check." So I went to my system. I could not find it on my system. Subsequently, I had it retrieved by the system's people. So I found the e-mail and started asking the staff in the office whether in fact something called a profile or anything from Deni Allen or Eugene LeBlanc had been delivered to our office. No one could recall ever having seen anything delivered to the office.

**Mr Conway:** It seems almost this is kind of a Bermuda triangle into which this fell. This is real hot stuff. From the point of view of the inquiry, this is, like, the stuff. This is the stuff of the profile, the stuff of the memorandum, and you are telling me that you have no memory that you were copied in a way that exhibit 79 suggests and that you do not remember until weeks—well, you did not know for—you heard nothing of what had gone on in Dr LeBlanc's office on the 14th?

**Ms Jarvalt:** That is correct.

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**Mr Conway:** And the deputy never spoke to you about that concern.

**Ms Jarvalt:** Not that I can specifically—no, not that I can recall.

**Mr Conway:** Then we move to exhibit 80, and I just want to make a point. Again, I find this is helpful information that we will probably take up with Dr MacMillan when he reappears, as I believe he will. I notice, and I just wanted to put this on the record, that according to exhibit 80, because of the seriousness of the allegation—I will call it the Dodds allegation—the conference of the morning of Friday, December 6, Dr MacMillan phoned Paul Howard of the Minister of Health's office and MaryLou Murray of the Minister of Northern Development's office to inform them. And he did so, according to that, apparently on the afternoon of the conference. So I would rightly take that to read that some time on the afternoon of Friday, December 6, Dr MacMillan phoned those people in those two offices, in Ms Lankin's office and Ms Martel's office, to tell them of what had happened at the conference that morning.

**Ms Jarvalt:** Mm-hmm.

**Mr Conway:** In the preparation of exhibit 80, you never heard from Dr MacMillan about the circumstances of his concern on the morning of November 14. He did not indicate to you or to any of your staff what he told this committee a few weeks ago he did on that morning.

**Ms Jarvalt:** Not that I can recall; I am sorry.

**Mr Conway:** Thank you.

**The Chair:** Thank you very much. Mr Elston, for our few minutes remaining.

**Mr Elston:** Paul Howard had the memo—

**Ms Jarvalt:** The November 13, 3:55 e-mail.

**Mr Elston:** He had that November 13 e-mail but he did not have the profile.

**Ms Jarvalt:** No, it was the e-mail that he brought to my attention.

**Mr Elston:** Did he inquire—or maybe I should inquire. The memo itself, was it available to anybody else? It had not been sent by e-mail, I guess. It was a hard copy that had been delivered to people. Is that the result of your investigation, do you know?

**Ms Jarvalt:** Which memo are you referring to?

**Mr Elston:** This is the Teatero—I presume that is the profile that Paul was asking whether or not you had.

**Ms Jarvalt:** When he mentioned it to me, I had no idea what "profile" meant. I did not know what he was seeking. I just wanted to start by first of all signing this e-mail and then tracking it from there.

**Mr Elston:** Would anybody have been able to recall the profile or the e-mail at will if they knew how to operate your system, once it was collected back by Dr MacMillan?

**Ms Jarvalt:** Well, if it was a hard copy and if in fact it was removed, I guess only from the individual who had in fact removed it. Or are you suggesting that we treat them like—

**Mr Elston:** I was intrigued by your meeting with Paul Howard. His investigating, I guess, as a communications person around the minister's office would be quite understandable. But then going into the deputy minister's office to inquire of you is an interesting—so do you know, was Paul Howard in charge of this investigation?



**Ms Jarvalt:** No, not that I am aware. I just assumed that he came to me because he said: "Your name and mine, they are on this e-mail that was sent by Deni Allen. Supposedly we were to receive a copy of this information. Did you get it?" I said no.

**Mr Elston:** It was a matter of sort of personal curiosity as much as anything else.

**Ms Jarvalt:** Yes.

**Mr Elston:** You had not remembered seeing it. Had he said that he had seen it at all, do you remember?

**Ms Jarvalt:** No. I remember him mentioning to me that he was also out of the office. That was the week of the OHA convention, and a lot of the members of the staff were out on the 11th and the 12th. The 13th I was out most of the day attending two meetings on the deputy's behalf. On the 13th I arrived in after 9 o'clock, so it was not—items of importance that should be brought to my attention, my staff usually place on my chair, and I do not recall anything being on my chair.

**The Chair:** Mr Elston, one final question.

**Mr Elston:** Okay, just one last question. When the investigation was launched into all of these e-mails and the possibility of release of personal information, did the deputy ask you to do the investigation, or how was that investigation launched and what steps did you take?

**Ms Jarvalt:** No, I was not asked to lead or participate in arranging the investigation. I believe it was the FOI coordinator, Andrew Parr. He asked everyone who could remotely have been involved, especially everyone who had received the November 13 e-mail, to retrieve from the system any electronic messages they had received or sent and any other pertinent files, and I have done that to the best of my ability.

**The Chair:** Thank you very much, Mr Elston. We will now move to Mr Harnick.

**Mr Harnick:** Just briefly, who is Paul Howard?

**Ms Jarvalt:** He is the communications adviser.

**Mr Harnick:** Now, is he a political appointment or is he a—

**Ms Jarvalt:** I believe so.

**Mr Harnick:** He is a political appointment.

**Ms Jarvalt:** Well, he works in the minister's office for the minister. I believe he is a political appointment.

**Mr Harnick:** All right. So he would be on the same staff basically as Larry Corea.

**Ms Jarvalt:** Yes, I believe that is correct.

**Mr Harnick:** And they would be political appointees to the minister.

**Ms Jarvalt:** I believe that is correct.

**Mr Harnick:** As distinct from you, who—I believe you are the executive assistant of the deputy minister.

**Ms Jarvalt:** Right, and a civil servant.

**Mr Harnick:** I see. Now, I am a little bit miffed because Larry Corea, and I believe Dr LeBlanc, said that Paul Howard was, I believe, away painting his house on the 13th of November.

**The Chair:** I just beg the committee's indulgence on—

**Mr Harnick:** I just want to—there was some evidence that he was not present on the 13th of November.

**Ms Jarvalt:** I am sorry, I missed that. Would you mind repeating that, please?

**Mr Harnick:** I believe that the earlier evidence—I could be mistaken—

**Mr Hope:** You are.

**The Chair:** Excuse me—

**Mr Harnick:** I see that Mr Mills is nodding affirmatively, because it is obviously his recollection as well that Mr Howard, we heard, was not there on the 13th of November.

**The Chair:** There is a memo—

**Ms Jackson:** I do not personally recall that evidence. You may be right. There is an indication in exhibit 79 that he was not here on the 14th and the 15th and I certainly recall evidence to the effect that he was not there on the 14th.

**Mr Harnick:** That was the information I recall, that he was off painting his house.

**Ms Jackson:** I think the question is whether it was—you are raising the question whether it is the Wednesday, Thursday and Friday or just the Thursday and Friday. I am afraid I cannot help you.

**Mr Harnick:** All right.

**Ms Jarvalt:** I cannot help you on that point because—

**Mr Harnick:** But from exhibit 79—

**Ms Jarvalt:** And in that package there is an e-mail from Paul Howard, November 13, 6:16 pm. It says, "Deni and Maurice, I am away Thursday and Friday," so that implies he was away on the 14th and the 15th.

**Mr Harnick:** So that he was there on the 13th and in all likelihood he received this e-mail of the 13th of November at 3:55 pm, I gather.

**Ms Jarvalt:** I really have no idea what Paul Howard's schedule is. It is not something that is shared with the deputy's office.

**Mr Harnick:** I just want to be sure, though, this information about "we have a profile of Dr Donahue" and it was distributed to Paul Howard—he was one of the people who it was directed to, I gather.

**Ms Jarvalt:** To whom it would be delivered, correct.

**Mr Harnick:** Yes. And in fact, this is asking for someone to go on a radio program for Morning North on the Thursday or Friday, is that correct?

**Ms Jarvalt:** As I understand from this e-mail, yes.

**Mr Harnick:** Yes. And then he would have responded to that where he says "I am away Thursday and Friday."

**Ms Jarvalt:** It seems to be a response to that e-mail since it is addressed to Deni Allen, yes.

**Mr Harnick:** So that at the very least we know that Paul Howard knew that a profile of Dr Donahue had been prepared and existed.

**Ms Jarvalt:** Well, was going to be delivered, I think.

**Mr Harnick:** Yes. Have you ever discussed with him whether this profile ever came to him?

**Ms Jarvalt:** He was the one who initiated that discussion with me during the week of December 9. I have the date noted in my calendar, which I have provided to my counsel. He came to me with a copy of the November 13 e-mail, and as I mentioned previously when Mr Elston had a question, he asked me, have I see this e-mail, have I see this information that was supposedly going to be delivered to us, and I said no.

**Mr Harnick:** What was the date that you had that discussion with him?

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**Ms Jarvalt:** Tuesday the 10th.

**Mr Harnick:** The 10th.

**Ms Jarvalt:** Some time in the evening after 6 o'clock.

**Mr Harnick:** This would be the 10th of December?

**Ms Jarvalt:** Of December. That is correct.

**Mr Harnick:** And that profile, just so I am not confused, was exhibit 44?

**Ms Jarvalt:** I am afraid I do not know.

**Mr Harnick:** Perhaps you could take a look at exhibit 44 and tell us.

**Ms Jarvalt:** Well, this is certainly listed under the tab 44, but since I do not recall having seen the profile, I cannot verify whether in fact that was the information that was going to be delivered to me by Deni Allen.

**Mr Harnick:** Well, can you take a read of exhibit 44 and tell me, please, if that is the information that you discussed with Paul Howard in your discussion on the 10th.

**Ms Jarvalt:** We did not discuss any information. The only thing that Paul asked me is if I had received what the November 13 e-mail had led me to believe I was going to be receiving. But I do not recall ever having seen the item in exhibit 44 and I certainly cannot indicate whether that is in fact the profile.

**Mr Harnick:** When he had the discussion with you on the 10th of December, he had a profile with him?

**Ms Jarvalt:** No, he did not. The only piece of paper he had with him during our discussion was a copy of this November 13 e-mail from Deni Allen.

**Mr Harnick:** Did he ever indicate to you that as of the 10th of December he had that profile?

**Ms Jarvalt:** No, he did not.

**Mr Harnick:** What did he say to you?

**Ms Jarvalt:** I believe he said to me: "I don't recall having received this. Did you receive this?" I said: "No, I certainly don't. Let me first of all find the e-mail." And when I saw the e-mail and asked the staff in the office, nobody recalled ever having seen any material from Deni Allen, or in fact from any of the other players on this e-mail message, that might have been delivered to my office on the evening of the 13th.

**Mr Harnick:** Just so I am clear, Paul Howard, we know, received this document—

**Ms Jarvalt:** Which one are you referring to?

**Mr Harnick:** —that we have as exhibit 79.

**Ms Jarvalt:** The e-mail of November 13?

**Mr Harnick:** Right.

**Ms Jarvalt:** Yes.

**Mr Harnick:** But he never indicated to you that he had received the profile.

**Ms Jarvalt:** That is correct. He never indicated that. In fact, he said, I think: "I have never seen this. Have you?" For some reason, I remember that being his question when he showed me a copy of the e-mail.

**Mr Harnick:** Did you have any other discussion with him about Dr Donahue?

**Ms Jarvalt:** No, not that I can recall.

**Mr Harnick:** All right. Thank you.

**The Chair:** Thank you very much, Mr Harnick, and thank you, Ms Jarvalt. That completes the questioning. I would like to thank you very much for attending before us, thanking you and your counsel.

**Ms Jarvalt:** You are welcome.

ROBERT WADDELL

**The Chair:** I would now like to call Mr Robert Waddell. Good morning, Mr Waddell. Mr Robert Waddell is on the agenda as the constituency assistant to the constituency office of Sharon Murdock. Mr Waddell, it has been the practice of this committee that before questioning commences, an oath be administered, and I would ask the clerk to do so.

Robert Waddell, sworn.

**The Chair:** Thank you very much, Mr Waddell. Again, I would like to advise you and your counsel that in the event you are asked a question which you cannot properly answer without divulging confidential information, could you please advise this committee. If there is not a way to disclose that information without divulging information of a confidential nature, then that matter may be addressed in camera. I would ask you or your counsel to introduce yourself for the purposes of Hansard.

**Mr Klippenstein:** My name is Murray Klippenstein.

**The Chair:** Thank you very much. I would now ask Ms Jackson to commence questioning.

**Ms Jackson:** Mr Waddell, as the chairman has indicated, you are one of the constituency assistants to Sharon Murdock, the MPP for Sudbury.

**Mr Waddell:** Yes, I am.

**Ms Jackson:** And I understand you have held that position, Mr Waddell, since September 1990.

**Mr Waddell:** Yes, I have.

**Ms Jackson:** Before that, for three years you were the president of the Ontario Council of Hospital Unions, and for 13 years before that you were in the housekeeping department of Laurentian Hospital in Sudbury.

**Mr Waddell:** Yes.

**Ms Jackson:** Mr Waddell, you work in Ms Murdock's office in Sudbury.

**Mr Waddell:** Yes.



**Ms Jackson:** Dealing with, in large measure, constituents' inquiries.

**Mr Waddell:** Yes.

**Ms Jackson:** In the fall of 1991, and specifically in late October, did you become aware of an issue arising in relation to a Dr Donahue in Sudbury?

**Mr Waddell:** Yes.

**Ms Jackson:** Can you tell the committee what your understanding of that issue was.

**Mr Waddell:** Dr Donahue had circulated a letter to his patients saying that he was being forced to close his office by the NDP government and the Ministry of Health.

**Ms Jackson:** Can you turn to exhibit 48, which is in the black volumes in front of you? The second page of that exhibit, Mr Waddell, is an announcement of an office closure. Is that the announcement you are referring to?

**Mr Waddell:** Yes, it is.

**Ms Jackson:** Did you see a copy of that in or around November 12?

**Mr Waddell:** The copies that we saw seem to have been on a mimeograph machine. We saw a copy that had been retyped at Floyd Laughren's office because the one we had was impossible to read.

**Ms Jackson:** So this one was retyped in Mr Laughren's office, was it? This says at the bottom, "Retyped for copying purposes."

**Mr Waddell:** Yes.

**Ms Jackson:** What is your best recollection of when you first saw or heard of this announced office closing?

**Mr Waddell:** There had been rumours and reports on the local media that a local doctor was going to be closing his office.

**Ms Jackson:** When do you recall that being? Was it late October?

**Mr Waddell:** Late October, yes.

**Ms Jackson:** All right. As this became an issue, do you recall a meeting with Sharon Murdock and the other constituency assistants in which you discussed the issue of Dr Donahue and what you would say to constituents about that?

**Mr Waddell:** It was shortly before Remembrance Day.

**Ms Jackson:** What is your best recollection of what took place in that meeting?

**Mr Waddell:** We did a quick working of figures to figure out how much money Dr Donahue could have been making if he was coming to the end of his—if he was approaching his threshold in November.

**Ms Jackson:** And you understood he was approaching his threshold?

**Mr Waddell:** That is what he had—

**Ms Jackson:** What calculation did you do?

**Mr Waddell:** He had been on the underserved area program until June 1991, so it meant in about four months he had billed OHIP for close to \$400,000, and being about a quarter of a year, we extrapolated that further and came

out with about \$1.5 million that he would be billing to OHIP over a year.

**Ms Jackson:** Do you specifically recall coming to the figure \$1.5 million?

**Mr Waddell:** Rounded off, yes.

**Ms Jackson:** All right. Having come to that estimate of his gross billings, did you make any further calculations as to how much he was netting from that?

**Mr Waddell:** We worked it out roughly that he was somewhere around \$800,000 after you subtracted his 14 employees and his overhead.

**Ms Jackson:** Do you remember how you came to that calculation?

**Mr Waddell:** Figures that Dr Donahue and the media supplied seemed to indicate that overhead was around—for office expenses and what not—was around 20% and wages for 14 people would work out to somewhere around \$300,000-plus.

**Ms Jackson:** The combination produced a deduction from the \$1.5 million of about—well, 20% of \$1.5 million would be \$300,000, right?

**Mr Waddell:** Plus wages on top of that.

**Ms Jackson:** Plus \$300,000 of wages would give you a net of \$900,000. Is that about the number you came to?

**Mr Waddell:** Yes.

**Ms Jackson:** The purpose of doing this calculation was so that you could discuss Dr Donahue's situation with constituents?

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**Mr Waddell:** We were getting an awful lot of calls from constituents who were saying: "Give him what he wants, give him what he wants. We need him to stay."

**Ms Jackson:** Was the purpose of doing this calculation so that you could deal with those constituents?

**Mr Waddell:** Yes.

**Ms Jackson:** And in particular that you could give them this calculation.

**Mr Waddell:** We did not get into it an awful lot, but we had it in the background that Dr Donahue was making a decent living doing what he did.

**Ms Jackson:** Well, you are saying you did not specifically discuss whether you would use these numbers in conversations with constituents.

**Mr Waddell:** No, we did not.

**Ms Jackson:** But, given that the purpose of the meeting was to discuss how you were going to deal with constituents, it would be a natural inference, would it not, that one of the things you might do with these numbers is discuss them with constituents?

**Mr Waddell:** Yes.

**Ms Jackson:** What else did you know as of the time of this meeting, which you have said was just before Remembrance Day, about the nature of Dr Donahue's practice?

**Mr Waddell:** We knew he was quite heavy into electrolysis.

**Ms Jackson:** How did you know that?

**Mr Waddell:** We had been approached in the fall of 1990 by aestheticians who were doing a concerted lobbying of MPPs across the province, protesting about government competition in their line of business, which was hair electrolysis.

**Ms Jackson:** We heard yesterday from Mr Decter about two groups of private electrolysis technicians, I guess, who were lobbying to have electrolysis de-listed from OHIP. Are those the people whom you are talking about?

**Mr Waddell:** One of those groups approached our office, yes.

**Ms Jackson:** And as a result of that, you learned that Dr Donahue was doing electrolysis.

**Mr Waddell:** I cannot remember them specifically mentioning Dr Donahue, but they did mention a dermatologist in town who was doing electrolysis and other doctors who were doing it.

**Ms Jackson:** And did you understand the reference to a dermatologist in town to be a reference to any particular person?

**Mr Waddell:** At that time, no.

**Ms Jackson:** Did you subsequently?

**Mr Waddell:** Yes.

**Ms Jackson:** Whom did you understand it to refer to?

**Mr Waddell:** Dr Donahue.

**Ms Jackson:** Was he the only dermatologist in town?

**Mr Waddell:** There was another dermatologist, a Dr Rinne, who has been around for ages.

**Ms Jackson:** How did you know they were referring to Dr Donahue versus the other gentleman?

**Mr Waddell:** I knew Dr Rinne and he was an older gentleman and had a rather restricted practice.

**Ms Jackson:** And was not doing electrolysis?

**Mr Waddell:** Not to my knowledge.

**Ms Jackson:** All right. You have mentioned in that that you have identified Dr Donahue as a dermatologist, and I take it you obviously knew he was a dermatologist.

**Mr Waddell:** He had been in the newspaper and on the TV.

**Ms Jackson:** So you knew he was a dermatologist. You knew he did electrolysis. Did you know how much electrolysis he did?

**Mr Waddell:** I had heard that he had nine electrolysis people working in his office doing electrolysis.

**Ms Jackson:** Where had you heard that?

**Mr Waddell:** From the beauticians who had come in.

**Ms Jackson:** What else did you know about his practice?

**Mr Waddell:** He was doing an awful lot of work on skin cancer, psoriasis, other skin diseases. He was performing treatments with, in effect, a tanning hut on people with psoriasis and other skin problems.

**Ms Jackson:** He was using something that was in effect a tanning hut, did you say?

**Mr Waddell:** In those lines. It was an ultraviolet beam machine with an awful lot of fluorescent tubes.

**Ms Jackson:** And it looked like a tanning hut to you?

**Mr Waddell:** Yes.

**Ms Jackson:** All right. What else did you know about his practice?

**Mr Waddell:** That he was performing clinics, outpatient clinics, in Timmins and North Bay.

**Ms Jackson:** Anything else?

**Mr Waddell:** He was making a lot of noise.

**Ms Jackson:** Anything else?

**Mr Waddell:** No.

**Ms Jackson:** Did you ever receive any information specifically as to Dr Donahue's actual billing level?

**Mr Waddell:** Not until I read the local paper where it said that he had billed somewhere around \$1.25 million to OHIP the year before.

**Ms Jackson:** We have in evidence, Mr Waddell, an article in the Toronto Star in January. Is that the article that you are referring to?

**Mr Waddell:** No. This was in the Sudbury Star or the Northern Life, a Sudbury paper.

**Ms Jackson:** When was that?

**Mr Waddell:** January 27.

**Ms Jackson:** I see. Do you have a copy of that?

**Mr Waddell:** No, I do not.

**Ms Jackson:** All right. We will have to look into it. Anything else that you knew about Dr Donahue's practice?

**Mr Waddell:** In which area?

**Ms Jackson:** Well, either what he did or how much money he made or where he did it or how many staff he had, anything like that.

**Mr Waddell:** No.

**Ms Jackson:** All right. Now, having done the calculation—in the meeting that you have described you did the calculation that produced the conclusion that he was billing \$1.5 million and netting somewhere in the neighbourhood of \$900,000. Was there any further discussion at that meeting about Dr Donahue's practice?

**Mr Waddell:** We had been in a continual battle in the Sudbury area with the Ministry of Health to get health professionals, especially specialists, into the north. Ms Murdock was going to be speaking with the minister to see if there were going to be any exemptions under the threshold agreement that had been reached with the OMA for specialists in the north in underserved areas.

**Ms Jackson:** Was that discussed in relation to Dr Donahue?

**Mr Waddell:** Specialists in general in the north; that there would be exemptions under the agreement between the OMA and the Ministry of Health; that there would be exemptions given in some areas. We were hoping that, especially in the specialist areas, in the north there would be exemptions given to specialists. We had cardiologists and gastro-enterologists and what not who were approaching



our office at the same time, saying that they were getting close to their—

**Ms Jackson:** Were you seeking an—did you discuss seeking an exemption for Dr Donahue?

**Mr Waddell:** Not specifically.

**Ms Jackson:** All right. So the focus of the discussion on exemptions was more towards the cardiologists and the gastro-enterologists?

**Mr Waddell:** The specialists in general, yes.

**Ms Jackson:** Any other discussion of Dr Donahue in particular?

**Mr Waddell:** We were made aware, through people who had been to his office and what not, that there were approximately 14 or 15 working in his office.

**Ms Jackson:** Anything else?

**Mr Waddell:** No.

**Ms Jackson:** All right. Now, did you make your own calculation of Dr Donahue's electrolysis billings?

**Mr Waddell:** Yes, I did.

**Ms Jackson:** How did you know about electrolysis and how to make a calculation?

**Mr Waddell:** The information that had been given to us by the beauticians who had visited the office.

**Ms Jackson:** And what had they told you that assisted you in this calculation?

**Mr Waddell:** They had told us that if electrolysis was billed to OHIP at somewhere between \$40 and \$45 an hour, the people performing the electrolysis were paid approximately \$15 an hour.

**Ms Jackson:** Did you have any other information about electrolysis and its effect on the medical system in Ontario?

**Mr Waddell:** Ostensibly, before anyone became eligible for electrolysis under OHIP, they would have to undergo some sort of blood test to establish if there was a hormone imbalance, a medical cause for the excessive hair, and that the cost of these tests was somewhere around \$750 a test.

**Ms Jackson:** Did you have any information as to the growth in electrolysis billings in the province over recent years?

**Mr Waddell:** Yes, we did, once again from the aesthetists that had been in and from a later background sheet that came from the Ministry of Health.

**Ms Jackson:** And what was your information?

**Mr Waddell:** My information was that between 1984 and 1989-90 it had gone somewhere from around \$57,000 to \$6.5 million.

**Ms Jackson:** And did you have a view about the propriety of that?

**Mr Waddell:** I thought it was an awful drain on the health care system.

**Ms Jackson:** Did you think it was scandalous?

**Mr Waddell:** I figured that someone had seen an opening in the system and driven a transport truck through it. Interjections.

**Ms Jackson:** Now, with that information about electrolysis, what calculation did you do of Dr Donahue's electrolysis billings?

**Mr Waddell:** Multiplied the \$40 to \$45 an hour times nine employees.

**Ms Jackson:** And the nine employees was the number that you had received from whom?

**Mr Waddell:** The aesthetician.

**Ms Jackson:** All right.

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**Mr Waddell:** Times eight hours a day, times five days a week, times 26 weeks for half a year.

**Ms Jackson:** Now, why did you calculate Dr Donahue's electrolysis billings on the basis of a half-year?

**Mr Waddell:** It had been six months from April to November, about six months at that time that the electrolysis was coming off of the OHIP formulary.

**Ms Jackson:** Now, did you calculate that six months from April to November or from January until June?

**Mr Waddell:** From January to June he was on the underserviced area program, so he was able to bill whatever he wanted at that time.

**Ms Jackson:** Did you understand that when you did this calculation?

**Mr Waddell:** Not real well.

**Ms Jackson:** All right. When you did this calculation, the six-month period that you were working from, was it January to June or April to November?

**Mr Waddell:** I am not sure of that.

**Ms Jackson:** All right. It was a six-month calculation—

**Mr Waddell:** A six-month period.

**Ms Jackson:** —and you are not really sure why you chose six months, is that right?

**Mr Waddell:** We were about halfway through a fiscal year and he had also had half a calendar year on the underserviced area program.

**Ms Jackson:** Well, you said you were not sure you knew that when you did this calculation. Is that right?

**Mr Waddell:** Yes.

**Ms Jackson:** Did you understand at some point that his electrolysis billings were not going to be covered by OHIP any more?

**Mr Waddell:** Yes.

**Ms Jackson:** Did that have anything to do with why you chose six months?

**Mr Waddell:** Yes.

**Ms Jackson:** Can you explain that to the committee?

**Mr Waddell:** From April to November, when the electrolysis came off of OHIP, was about a six-month period.

**Ms Jackson:** Is that why you chose six months?

**Mr Waddell:** Yes.

**Ms Jackson:** Do you remember telling me earlier today you chose the period January to June for the six-month period? Do you remember that?

**Mr Waddell:** Yes.

**Ms Jackson:** Why has it changed? You are not very clear about why six months, I think is the impression I am getting. Is that fair?

**Mr Waddell:** Yes.

**Ms Jackson:** All right. You know it was six months. You cannot now reconstruct why you chose six months?

**Mr Waddell:** No.

**Ms Jackson:** All right. You have said you took the \$45 an hour times nine employees, times eight hours a day, times five days a week, times 26 weeks and you got what number?

**Mr Waddell:** I do not have the figures in front of me.

**Ms Jackson:** You earlier said you knew that the electrolysis—

**Mr Waddell:** Forty dollars to \$45 an hour was what was I was working on, which was about \$360 an hour, about \$12,000 a week.

**Ms Jackson:** Did you make any deductions for wages?

**Mr Waddell:** Then I deducted approximately \$15 an hour for wages plus 30% for benefits on top of that. It worked out to somewhere around \$220,000 and I just rounded that out to \$200,000.

**Ms Jackson:** All right. In your mind, then, you concluded that Dr Donahue billed about \$200,000 in a six-month period for electrolysis?

**Mr Waddell:** Cleared about \$200,000.

**Ms Jackson:** Correct, cleared about \$200,000 for electrolysis, and would have billed about a third again as much?

**Mr Waddell:** Yes.

**Ms Jackson:** Or a little bit more than a third again as much, would have probably billed something over \$300,000?

**Mr Waddell:** Well, yes.

**Ms Jackson:** Having done that calculation and the calculation that you and Ms Murdock and others did in the meeting, let's just see where you stand in terms of your mind. You had calculated that Dr Donahue had gross billings of \$1.5 million and perhaps net billings of \$800,000 to \$900,000, right?

**Mr Waddell:** Yes.

**Ms Jackson:** You had calculated that he had cleared, in respect of electrolysis, about \$200,000 or a little bit more over a six-month period?

**Mr Waddell:** Yes.

**Ms Jackson:** In your own view the fact that money for electrolysis had come out of the OHIP budget was considerably less than satisfactory. Is that a fair way of putting it?

**Mr Waddell:** It would have been money better spent on taking care of skin cancers and serious dermatological problems.

**Ms Jackson:** You felt fairly strongly about that, did you not?

**Mr Waddell:** Yes.

**Ms Jackson:** Is it fair that you concluded that Dr Donahue was making an awful lot of money?

**Mr Waddell:** Making a real good living, yes.

**Ms Jackson:** And that the health care system should not be worrying about putting a threshold on a doctor who was making that much money?

**Mr Waddell:** It was quite evident that the health care system had been gobbling up money at a horrendous rate. The budget had doubled from 1985 to 1991 and it was consuming well over a third of the provincial budget. We had to get some control over the health care system. If dollars were to be spent in the health care system, they should be spent on saving lives.

**Ms Jackson:** There should be some constraints put on what Dr Donahue was doing?

**Mr Waddell:** Doctors in general.

**Ms Jackson:** And Dr Donahue in particular?

**Mr Waddell:** Dr Donahue was an example. I bore him no malice. He was one doctor who was complaining about the system.

**Ms Jackson:** You were doing these calculations and putting this all together in your mind so that you could deal with constituents, right?

**Mr Waddell:** Yes.

**Ms Jackson:** Over the next several weeks, it is the case, as I understand it, that you had a very large number of calls from constituents about Dr Donahue?

**Mr Waddell:** Yes.

**Ms Jackson:** Can you estimate how many?

**Mr Waddell:** Probably close to 100.

**Ms Jackson:** In those conversations, do you recall saying to people that Dr Donahue had billed \$200,000 for electrolysis?

**Mr Waddell:** I recall saying that if he had billed \$200,000, that was \$200,000 that was not available for treating skin cancers and other diseases.

**Ms Jackson:** Do you recall saying specifically that Dr Donahue had billed at least \$200,000 for electrolysis?

**Mr Waddell:** I said "could have."

**Ms Jackson:** Do you recall saying to people that Dr Donahue's gross billings would be in the area of \$1.5 million?

**Mr Waddell:** That they could have been—that or larger.

**Ms Jackson:** And that his net billings could have been as high as \$800,000 to \$900,000?

**Mr Waddell:** I do not ever remember using that figure.



**Ms Jackson:** Do you recall saying to people that something had to be done to put a stop to this?

**Mr Waddell:** To put a stop to the abuses of the health care system, yes.

**Ms Jackson:** And that what Dr Donahue was doing was unacceptable?

**Mr Waddell:** I never made that statement.

**Ms Jackson:** You have not made that statement?

**Mr Waddell:** No, not that I recall.

**Ms Jackson:** I have to, in fairness, put to you, Mr Waddell, that there is some information before the committee that suggests that kind of statement was made by a male person in Ms Murdock's office. Is it possible that you made such a statement?

**Mr Waddell:** I am the only male person in the office, yes.

**Ms Jackson:** Is it possible that you made such a statement?

**Mr Waddell:** It is possible I could have said.

**Ms Jackson:** Is it possible that you said, "We're going to put a stop to this"?

**Mr Waddell:** We were putting a stop to it at the time in that electrolysis was coming off the formulary.

**Ms Jackson:** So it is quite possible that you said, "We're putting a stop to this"?

**Mr Waddell:** Yes.

**Ms Jackson:** You said you talked to approximately 100 people, and Ms Murdock and you have been good enough to provide us with some telephone logs of conversations. I wonder if we could distribute those to members and provide Mr Waddell and his counsel with a copy of them.

**The Chair:** The exhibit being distributed will be marked as exhibit 81.

**Ms Jackson:** Do you have a copy of that yet, Mr Waddell? As I understand these documents, Mr Waddell, they are logs of telephone calls that are received in Ms Murdock's constituency office?

**Mr Waddell:** These sheets are constituency case sheets. When a constituent phones in and provides us with their name, we copy it down on one of these and it is the beginning of our file on whatever is done to assist that constituent.

**Ms Jackson:** In the case of the calls in relation to Dr Donahue, I understand that in many cases logs such as those in exhibit 81 were made of the calls?

**Mr Waddell:** Yes.

**Ms Jackson:** But in many cases they were not?

**Mr Waddell:** There were many people who just phoned in, complained and refused to leave their names.

**Ms Jackson:** You would have conversations with people whether or not they were willing to leave their names?

**Mr Waddell:** Yes.

**Ms Jackson:** So the kinds of comments we have been talking about would equally be made to people who did not leave their names as those who did? Is that fair?

**Mr Waddell:** Yes.

**Ms Jackson:** Going through those, we see a number of different handwritings. I just want to have you identify—unfortunately, we start with a bad xerox on the first page—the calls you can tell. As I understand it, Mr Waddell, if you filled out the form, that is an indication that you had the telephone call?

**Mr Waddell:** Yes.

**Ms Jackson:** The first page, the name of which is a little hard to read, is one that you made?

**Mr Waddell:** Mine.

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**Ms Jackson:** The next handwritten page is not?

**Mr Waddell:** Not mine.

**Ms Jackson:** Is that right?

**Mr Waddell:** Yes.

**Ms Jackson:** The third handwritten page, Ms Bot, was not you?

**Mr Waddell:** No.

**Ms Jackson:** Pat Cundar is? Is that right?

**Mr Waddell:** Cundari, yes.

**Ms Jackson:** Joseph LeBlanc is?

**Mr Waddell:** Yes.

**Ms Jackson:** Mr Muir is?

**Mr Waddell:** Yes.

**Ms Jackson:** Ms Trayner is?

**Mr Waddell:** Yes.

**Ms Jackson:** The next one is not?

**Mr Waddell:** No.

**Ms Jackson:** Ms Hamill is you?

**Mr Waddell:** Yes.

**Ms Jackson:** Mr Waddell, can we continue with the page that has the address in Stead? Do you have that one?

**Mr Waddell:** Skead.

**Ms Jackson:** Skead? That is a call that you took?

**Mr Waddell:** Yes, from outside the riding.

**Ms Jackson:** Then there is an address on Bancroft. That is a call that you took?

**Mr Waddell:** Yes.

**Ms Jackson:** Then there is an address on Cumberland. That is a call you took?

**Mr Waddell:** Yes.

**Ms Jackson:** And a call on Ramsey? That is a call you took?

**Mr Waddell:** Yes.

**Ms Jackson:** And a call on Delwood? You took that?

**Mr Waddell:** Yes.

**Ms Jackson:** And a call on Copper Cliff. You took that?

**Mr Waddell:** Yes.

**Ms Jackson:** And the next call you did not take?

**Mr Waddell:** No.

**Ms Jackson:** The next call on Maple you did?

**Mr Waddell:** Yes.

**Ms Jackson:** The next call you did not?

**Mr Waddell:** No.

**Ms Jackson:** The call on Ramsey you did?

**Mr Waddell:** Yes.

**Ms Jackson:** The call on Medorsk you did?

**Mr Waddell:** Yes.

**Ms Jackson:** The next one you did not?

**Mr Waddell:** Yes.

**Ms Jackson:** The next one on on Calder or Cander Street you did?

**Mr Waddell:** Yes.

**Ms Jackson:** The next call on St Jean, you did?

**Mr Waddell:** Yes.

**Ms Jackson:** The next one you did not?

**Mr Waddell:** Yes.

**Ms Jackson:** The next one you did not?

**Mr Waddell:** Yes.

**Ms Jackson:** The next one you did not.

**Mr Waddell:** Yes.

**Ms Jackson:** The call on Caruso you did?

**Mr Waddell:** Yes.

**Ms Jackson:** The next call you did not. The next call you did not. The next call you did not. The call from Arnold Street you did?

**Mr Waddell:** Yes.

**Ms Jackson:** The next call you did not.

**Mr Waddell:** No.

**Ms Jackson:** The call on Hawthorne you did?

**Mr Waddell:** Yes.

**Ms Jackson:** The call on Drummond you did.

**Mr Waddell:** Yes.

**Ms Jackson:** The next call you did not?

**Mr Waddell:** No.

**Ms Jackson:** The next call you did not?

**Mr Waddell:** No.

**Ms Jackson:** The call on Wembley you did?

**Mr Waddell:** Yes.

**Ms Jackson:** The call on Aspenwood you did?

**Mr Waddell:** Yes.

**Ms Jackson:** The call on Lively you did?

**Mr Waddell:** Yes.

**Ms Jackson:** The next one you did not?

**Mr Waddell:** No.

**Ms Jackson:** Mr Waddell, did you understand whether there were any constraints on your ability to obtain information concerning a specific doctor's billings from the Ministry of Health?

**Mr Waddell:** Specific figures, I understood, were the property of the Ministry of Health and were not to be distributed, would not be distributed.

**Ms Jackson:** Any information on a particular doctor's actual billings, were you to have it, would be information you could not pass on?

**Mr Waddell:** Yes.

**Ms Jackson:** The reason for that is not because the information is inaccurate, but to protect the doctor's privacy, right?

**Mr Waddell:** Yes.

**Ms Jackson:** Mr Waddell, the result of your using estimates instead of actuals is that you do not have the problem of invading his privacy, correct?

**Mr Waddell:** Yes.

**Ms Jackson:** As you saw it, at least.

**Mr Waddell:** Yes.

**Ms Jackson:** But in the result you may be using numbers that are very inaccurate, right?

**Mr Waddell:** Yes, but the doctor was not revealing his figures, either.

**Ms Jackson:** But did you consider whether using inaccurate numbers was a greater invasion of his rights than invading his privacy? Did that occur to you?

**Mr Waddell:** No.

**Ms Jackson:** No? Thank you, Mr Waddell. Those are my questions.

**The Chair:** Thank you. We will commence with questioning and we will move to the official opposition. I would like to indicate that we will be giving 30 minutes per caucus.

**Mr Conway:** Thank you, Mr Waddell. I appreciate your testimony, and I am not going to be very long. It is quite clear from the batch of constituent inquiries running from November 12 through to December 10, I think it is, that the phones were pretty busy.

**Mr Waddell:** Yes.

**Mr Conway:** This issue was an issue facing the Sudbury basin in pretty regular detail.

**Mr Waddell:** Yes.

**Mr Conway:** This Donahue guy was in the middle of all this, right?

**Mr Waddell:** Yes.

**Mr Conway:** If I had dropped into Sudbury any time after about the end of October, and perhaps even a bit sooner, but certainly from about the end of October through till early December, I would not have had to be in town very long before I would have known that there was a controversy involving this recently arrived-at cap on physicians' incomes that seemed to have gotten the attention of a lot of people around Sudbury and had a number of the medical specialists and other people in the medical community complaining; that is correct?

**Mr Waddell:** Yes.

**Mr Conway:** Would I also be right in saying that from the vantage point of the constituency office—I have a



lot of sympathy for you, because there were a lot of calls. That is not a complete log; I assume that there were other calls.

**Mr Waddell:** Yes, where the—

**Mr Conway:** I assume that when you went home, people bugged you at home and said—is it Bob?

**Mr Waddell:** Yes.

**Mr Conway:** “Bob, what’s going on here? What’s happening?” Would I be right in saying that for that five- or six-week period of late October to early December this was the single most active constituency file?

**Mr Waddell:** Yes.

**Mr Conway:** I am really impressed, actually, by your calculations. You have a background, of course, in health care, so you would have some involvement in some of these issues just generally, but you and your colleagues certainly were capable of some things that I do not think my constituency staff would do. I am quite frankly impressed by your enterprise and your computation. I guess my question in that respect is, when people were talking to you about what this cap was going to do to physicians in the Sudbury area, did they have any understanding of what the government policy was or were they just simply, by and large, taking the doctors’ line?

**Mr Waddell:** Many of them were taking the doctors’ line.

**Mr Conway:** Judging from some of the other evidence that I have seen in the course of this inquiry, people like Dr Donahue, in their public statements, were making very little effort to separate out the issues of epilation from other issues related to the threshold. It was getting all tangled up in one big confused and confusing ball of facts and inaccuracies. Would that be a fair representation from your point of view?

**Mr Waddell:** Yes, it would.

**Mr Conway:** Now, these beauty care people who came to see you, when did they come to see you again?

**Mr Waddell:** November of 1990.

**Mr Conway:** So they had been in the year before and they were doing a province-wide lobby. I do not think I was lobbied, though I am interested to check. I do not think we have anybody doing much of this kind of activity in my part of eastern Ontario, though it is quite obvious that there was a lot of activity going on in Sudbury, and that seemed to have attracted the attention of these beauticians. What is the proper word?

**Mr Waddell:** Aestheticians, they call themselves.

**Mr Conway:** Aestheticians.

**Mr Waddell:** Yes.

**Mr Conway:** So they came to see you and others in the Sudbury area in the fall of 1990, as I understood your testimony, to express their concern about the insured service opportunities OHIP was providing to certain doctors. That was having a real negative effect on their business.

**Mr Waddell:** They felt the government was putting them out of business.

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**Mr Conway:** When they came to see you, did they talk specifically about any local practitioners who seemed to be particularly active in areas where you, the government, might take a look?

**Mr Waddell:** Not specifically by name.

**Mr Conway:** Did you have any indication that while no names were mentioned, some people were clearly in these beauty care people’s minds?

**Mr Waddell:** Yes.

**Mr Conway:** And that individual would have a name that starts with D?

**Mr Waddell:** They said that generally across Ontario in some places doctors’ wives were setting up the clinics and having the people referred over there.

**Mr Conway:** Now back to the situation in which you find yourself. It is October, November, the poor old constituency office is just getting it left, right and centre, these calls coming day in and day out. You know, I am just looking at some of the concern. What is going to happen when Dr D leaves? “What happens if he leaves town?” And on and on it goes.

I presume that in the normal course of your activities you would be talking to people in Ms Martel’s and Mr Laughren’s offices. I mean, you would probably talk back and forth to those offices at least a couple of times a day on average.

**Mr Waddell:** A couple of times a week.

**Mr Conway:** A couple of times a week. Would I be right in thinking that when you checked with your colleagues over at the Treasurer’s office and the Minister of Northern Development’s office that their phone logs were starting to look very similar to yours?

**Mr Waddell:** I would check with their constituency offices.

**Mr Conway:** That is right, I mean their constituency offices.

**Mr Waddell:** They were getting plenty of calls.

**Mr Conway:** So you had discussed some of this; there had been some involvement. As I understood your responses to Ms Jackson, you had met with some of those other people to talk about how you were going to respond. Or was that meeting just with—

**Mr Waddell:** That was within our own office.

**Mr Conway:** That was just your own office. Had you ever talked to Nuala Doherty in Mr Laughren’s office about this issue?

**Mr Waddell:** Not on this issue.

**Mr Conway:** Never.

**Mr Waddell:** Never.

**Mr Conway:** Did you ever talk to David Sword about this issue?

**Mr Waddell:** No.

**Mr Conway:** You know who David Sword is?

**Mr Waddell:** I have heard of him. I have never met him or talked to him.



**Mr Conway:** But you had never talked to him about this issue?

**Mr Waddell:** He would not be one of the people that I would be contacting at the Ministry of Health.

**Mr Conway:** So when you had the meeting to discuss how you were going to respond, I take it that no one raised at that time a concern about putting out some of these guesstimates as to what Dr Donahue might be earning, using the assumptions and the data that was available from your earlier meeting of November 1990 with the beauticians. Nobody said to you, "This might be a little dicey because we're starting to speculate about incomes"?

**Mr Waddell:** No.

**Mr Conway:** Would I be right in thinking that it might have crossed your mind that since this guy is out there and he is really giving the government a good ride on the threshold, that a person's got to defend oneself and, you know, it is fair ball to fight back and indicate to people what this guy could be earning.

**Mr Waddell:** No. I felt that we should be getting down to the real case there that was the threshold and what the threshold involved.

**Mr Conway:** But the temptation to—I am trying to imagine now what you have told me. Every day you go to work; you are getting these phone calls. Just about every second day on the radio or in the Sudbury Star and Northern Life you are reading about doctors upset and particularly one doctor. Am I right in saying that by the time we get to early November it is a general concern in the Sudbury medical community, but one doctor stands out above and beyond all others as the focal point for the concern?

**Mr Waddell:** One doctor was coming forward more than the others, vocally. Other doctors were corresponding with our office about their threshold problems.

**Mr Conway:** But if I had simply been a fly on the wall in Sharon Murdock's constituency office for that six-week period from late October to early December, and if there had been one doctor associated with the resistance of the Sudbury medical community to the framework agreement and the cap, that one doctor would have been Dr Donahue. There were others, but he was the leader of the pack, so to speak.

**Mr Waddell:** He was the one who was on the TV and the radio.

**Mr Conway:** But he was roughing up the government somewhat, was he not? He was saying things or creating the impression that the government did not really know what it had negotiated, that there was a real north-south bias in this framework agreement. By that I mean that he was suggesting that the NDP had made a deal that was going to, at the very least, inadvertently discriminate against northern communities. He was saying some of those things, was he not?

**Mr Waddell:** He was implying those things, yes.

**Mr Conway:** You are sitting there and you have talked to these beauticians and they tell you about what is going on, and you do some quick calculations and it quickly takes you into the stratosphere of income. You do

not feel the urge at all to use any of this stuff to deal with this burr under the government's saddle? That is not any part of your motivation?

**Mr Waddell:** I felt that the money could have been spent better elsewhere than on electrolysis.

**Mr Conway:** I understand that and that seems to me a very good argument. I am kind of puzzled, then, why you would get into any discussion with people out there with the degree of specifics, apparently, that you did that this guy could be in fact grossing \$1.5 million annually. Why would you do that if your case was that whatever he was billing—everyone knew, apparently, that a good bit of that billing was in the area of electrolysis and that the government was quite rightly delisting that because of the reasons that had been cited by, among others, the beauticians.

**Mr Waddell:** Excuse me?

**Mr Conway:** You are in a constituency office and you are talking to people about their concerns relative to the cap issue. I am not at all surprised to hear you say that you were concerned about rising health costs; that would make perfectly good sense. But I am a bit surprised that you would get into the business of starting to talk to those constituents about your estimates of what Dr Donahue's gross billings might be. Did you not see that as a slippery slope?

**Mr Waddell:** Part of the entire agreement was to get control of the health care costs, and this was a glaring point of money that was being spent in health care that was not being spent on saving lives, from my point of view.

**Mr Conway:** You see, Mr Waddell, if I phoned you and in the context that I now know is the context of Sudbury in the fall of 1991, and I heard you say some of the things that you said, I would be quite impressed, and I would agree with you. But if you told me at some point in this conversation, "Did you know that by my estimate this guy is potentially grossing \$1.5 million?" then you would really start to get my attention at a different level.

You work for a member of the Legislature, a parliamentary assistant; you have got to be in the know, I would think, if I am, you know, a shift guy up at the plant and you are starting to throw around those kinds of numbers. Then I gather from your earlier testimony you were estimating what the epilation billings might have been. That never crossed your mind as having, perhaps, a second message that could be received by people at the other end of the line?

**Mr Waddell:** Excuse me?

**Mr Conway:** I am just saying that you did not see using those data, estimating those figures and attaching them to a specific doctor, as having a second message beyond the one you said, which was that we are concerned about rising health costs and we want the money to be applied to those insured services that are central to the maintenance of good health care.

**Mr Waddell:** Yes.

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**Mr Conway:** It would not have crossed your mind telling Conway on the phone that, "Yeah, well, this doctor,



you know, this Dr D., the man who's leading this charge, could be earning a million and a half bucks gross and, boy, a big chunk of that is in epilation."

**Mr Waddell:** If Dr Donahue was doing all this work in skin cancer and other real skin diseases that were affecting people, I would not mind that money being spent. We were at the time from our office trying to get an exemption for northern specialists.

**Mr Conway:** Did you at any point ever talk to anyone in Ms Lankin's office? Did you ever talk to Larry Corea or Paul Howard or Sue Colley about the pressure that Dr Donahue was applying to the government in Sudbury on account of the cap?

**Mr Waddell:** Not on those subjects, no.

**Mr Conway:** But you had talked to staff in Ms Lankin's office?

**Mr Waddell:** Mr Corea at one time was a constituency liaison person and, from my understanding, in the Health Minister's office.

**Mr Conway:** So you spoke to Mr Corea at some point?

**Mr Waddell:** I may have.

**Mr Conway:** Did you ever speak to Ms Colley?

**Mr Waddell:** No.

**Mr Conway:** Did you ever speak to Mr Howard?

**Mr Waddell:** No.

**Mr Conway:** Did you ever speak to anyone in the deputy's office?

**Mr Waddell:** No.

**Mr Conway:** Did you ever speak to Dr Eugene LeBlanc?

**Mr Waddell:** Not in the Health Minister's office. I did contact him once while he was in Sudbury so that I could arrange a meeting for Sharon.

**Mr Conway:** But you never talked to anyone in the office of the Minister of Health, Ms Lankin, about the concerns that were at issue in Sudbury with respect to the cap?

**Mr Waddell:** No, sir.

**Mr Conway:** Thank you very much.

**The Chair:** Thank you very much, Mr Conway. Mr Harnick?

**Mr Harnick:** Can you tell me, sir, what you knew about the kind of practice medically speaking that Dr Donahue had?

**Mr Waddell:** Dr Donahue was a dermatologist treating skin cancers, other skin diseases and doing electrolysis. He was conducting clinics throughout the north.

**Mr Harnick:** Is there anything wrong with the kind of practice that he had?

**Mr Waddell:** No.

**Mr Harnick:** Was there anything wrong with him conducting clinics through the north?

**Mr Waddell:** I thought that was a real benefit to the north.

**Mr Harnick:** Was there anything wrong with his treatment of skin cancers and the like?

**Mr Waddell:** No, it would save people from having to travel down to Toronto.

**Mr Harnick:** So that the only qualms that you had about Dr Donahue's practice was the fact that he earned \$200,000, by your calculation, from electrolysis.

**Mr Waddell:** May have earned \$200,000.

**Mr Harnick:** Yes.

**Mr Waddell:** In a six-month period.

**Mr Harnick:** And the balance of his income would be from the kind of medical practice that you approved of?

**Mr Waddell:** That I thought necessary.

**Mr Harnick:** Well, and you approved of what he was doing?

**Mr Waddell:** Yes.

**Mr Harnick:** All right. At some stage you went to a meeting, I gather, that you told us about to develop a strategy. Is that correct?

**Mr Waddell:** We had a meeting in the office.

**Mr Harnick:** Who was at that meeting?

**Mr Waddell:** Sharon Murdock and the other two constituency assistants.

**Mr Harnick:** Did you discuss at that meeting a particular strategy that you wanted to embark upon in order to deal with Dr Donahue?

**Mr Waddell:** No.

**Mr Harnick:** Well, did you just sit down and pull out your calculators?

**Mr Waddell:** We did some rough calculations on what his income may have been.

**Mr Harnick:** But I suspect that before you did that you had some kind of discussion, before you decided to embark upon your calculations, did you not?

**Mr Waddell:** A discussion that there should be a more complete explanation of the threshold agreement between the Ontario Medical Association and the Ministry of Health so that people realized exactly what the agreement was.

**Mr Harnick:** Well, how would doing these calculations provide that explanation to your constituents?

**Mr Waddell:** People were calling in and saying to pay the doctor whatever he wanted, that they did not want to leave him, that he was closing his office on the 15th of the month and they were due to have an operation on the 23rd, what were they going to do?

**Mr Harnick:** What I am a little bit confused about is that you were providing an explanation to people who were calling, and the explanation was that Dr Donahue was doing \$200,000 in electrolysis and he billed \$1.5 million last year. Now, how was that explanation going to further people's understanding of the threshold issue?

**Mr Waddell:** I do not follow you.

**Mr Harnick:** You told me that before you sat down and pulled out your calculator, you did have a little discussion—you just did not sit down and whip out your calculators—and

your discussion was to the effect that you wanted people to better understand the issue of the threshold. Now, it was at that stage that you whipped out your calculators and you began to compute these figures, and what I am asking you is how the computation of these figures and the disclosure of this information to people who were calling was going to permit them to better understand the threshold.

**Mr Waddell:** That if the epilation billings were not taken into account, then there would be plenty of money there to provide the services of Dr Donahue.

**Mr Harnick:** By my quick calculation—and I could be wrong, because I do not have my calculator with me—but you thought that Dr Donahue cleared I think you said about \$800,000. Is that correct?

**Mr Waddell:** In the neighbourhood of.

**Mr Harnick:** And if you took off the \$200,000 from electrolysis, it leaves you with \$600,000 over about a four- or five- or six-month period. Is that correct?

**Mr Waddell:** No.

**Mr Harnick:** It is not correct. You told us before that he was over the threshold in four months.

**Mr Waddell:** Yes.

**Mr Harnick:** So even if you took the electrolysis off, over a period of a year he is still going to be over the threshold, is he not, from his other practice that you indicated was a very legitimate practice?

**Mr Waddell:** He would be around \$500,000, extrapolating it over a full year.

**Mr Harnick:** And that is over the threshold.

**Mr Waddell:** Slightly.

**Mr Harnick:** Yes. Are you telling me then that when you pulled out your calculators to make this calculation, you had no other discussion with Ms Murdock or with the other constituency person?

**Mr Waddell:** Persons.

**Mr Harnick:** Well, who else was present? There was you, there was Ms Murdock—

**Mr Waddell:** And the two other constituency assistants.

**Mr Harnick:** —and the two other constituency assistants. So basically you sat down and you said, “Well, let’s help the people of Sudbury better understand the threshold,” and you pulled out your calculators and you said, “This newspaper says this, so we’ll put that figure down”—

**Mr Waddell:** No.

**Mr Harnick:** —“and these aestheticians”—or whatever you call them—“said that he had nine employees and it was \$45 an hour,” and you just started banging out the numbers. Did you have any other discussion about why you were doing what you were doing?

**Mr Waddell:** That was something that I did. That was not the conversation that we had with Ms Murdock.

**Mr Harnick:** So you are telling me now that you sat down with Ms Murdock—

**Mr Waddell:** And figured out the approximate gross billings of Dr Donahue.

**Mr Harnick:** Did you not discuss with Ms Murdock why you were going through this exercise?

**Mr Waddell:** Ms Murdock did the rough calculations of his gross billings.

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**Mr Harnick:** Well, did she tell you why she needed that information?

**Mr Waddell:** She sat down and figured it out on a sheet of paper.

**Mr Harnick:** But did you not discuss why you were doing it?

**Mr Waddell:** For an overview of what the doctor was complaining about.

**Mr Harnick:** Did you have some kind of a strategy in mind that you were going to start to develop?

**Mr Waddell:** We were just going to be replying to the constituents’ concerns.

**Mr Harnick:** And really, this was the way you were going to go on the attack to defend the government, right?

**Mr Waddell:** Just figures to have for our use in the—

**Mr Harnick:** No, they were not just for your use. You were spreading them through the community, were you not?

**Mr Waddell:** They would come up during conversations, and they were not just calls saying, “Give him the money,” “No, he’s making too much.”

**Mr Harnick:** You were disclosing this information within the community, right?

**Mr Waddell:** Yes.

**Mr Harnick:** And the strategy was—and I am sure you talked about it; I do not know why you will not tell us—that you had to justify that this doctor was not being hard done by. Is that not correct?

**Mr Waddell:** We felt that there were better examples of physicians who were approaching the threshold in the city.

**Mr Harnick:** Well, if there were better examples of physicians, why were you using Dr Donahue?

**Mr Waddell:** People were not phoning about other physicians; they were phoning about Dr Donahue.

**Mr Harnick:** So the idea was to justify your government’s policies by singling out Dr Donahue, is that correct?

**Mr Waddell:** We were not singling—Dr Donahue was singling himself out.

**Mr Harnick:** Dr Donahue was not talking about how much money he was making, was he?

**Mr Waddell:** He was alluding to having to borrow money four months into a fiscal year because he had passed through his threshold.

**Mr Harnick:** And you wanted to prove to the people of Sudbury that Dr Donahue was mistaken, right?

**Mr Waddell:** Could have been, yes.

**Mr Harnick:** And you wanted to prove that, did you not?



**Mr Waddell:** We hoped to make things a little clearer so the emotion was removed from the constituents' phone calls and they were looking at the real facts.

**Mr Harnick:** You wanted to justify what the government was doing.

**Mr Waddell:** What the Ministry of Health was doing?

**Mr Harnick:** Yes.

**Mr Waddell:** That the ministry and the doctors' association had reached an agreement.

**Mr Harnick:** And you wanted to justify that that was a proper agreement. Is that correct?

**Mr Waddell:** Yes.

**Mr Harnick:** And you wanted to promote that agreement in Sudbury?

**Mr Waddell:** Yes.

**Mr Harnick:** And you were going to do that by showing that Dr Donahue was not right. Is that correct?

**Mr Waddell:** That there was an awful lot of emotion involved in the issue and the people should be looking at the real facts of it, yes.

**Mr Harnick:** And you made up some numbers. You extrapolated some numbers.

**Mr Waddell:** Guesstimates.

**Mr Harnick:** Guesstimates. And you started to spread those guesstimates through the community.

**Mr Waddell:** Used them in conversation.

**Mr Harnick:** Describe it any way you like, you told people about what those guesstimates were.

**Mr Waddell:** Yes.

**Mr Harnick:** So you were essentially using guesswork to justify a government policy. Yes?

**Mr Waddell:** Yes.

**Mr Harnick:** And whose idea was it to embark upon this plan? Was it your idea or was it Ms Murdock's idea or was it the idea of the other two people?

**Mr Waddell:** There was no plan that was drawn up to do this. This is a—

**Mr Harnick:** Well, after you came up with all of these figures, did you not have a discussion with Ms Murdock about how you were going to use them?

**Mr Waddell:** No.

**Mr Harnick:** You never told her that when people were going to call, you were going to start passing these figures through the community to justify government policy?

**Mr Waddell:** No.

**Mr Harnick:** In terms of what you were doing, would it have been obvious to Ms Murdock that this is how you were going to use these figures?

**Mr Waddell:** I do not follow you.

**Mr Harnick:** Did Ms Murdock say to you, "Don't spread these figures in the community," or did she say to you, "Go ahead and use these figures, and that's the way to explain this threshold to people"?

**Mr Waddell:** The figures on Dr Donahue had nothing to do with the threshold. Dr Donahue—

**Mr Harnick:** What I am after is whether Ms Murdock said to you at any time, "Go ahead and use this as the ammunition to fight against Dr Donahue and tell the public about the figures that we've come up with"?

**Mr Waddell:** No, she did not.

**Mr Harnick:** Did she ever learn after November 12 and up to the 10th of December that you were in fact providing those figures to people?

**Mr Waddell:** No.

**Mr Harnick:** So you are saying Ms Murdock knew nothing about what you were doing with these figures?

**Mr Waddell:** No.

**Mr Harnick:** Ms Murdock had no idea that you were going ahead and spreading these figures through the community?

**Mr Waddell:** The first conversation on that was when the Donovan article appeared in the Toronto Star.

**Mr Harnick:** So Ms Murdock worked out these figures with you and then knew nothing about what you were using them for until some time in January?

**Mr Waddell:** The only figures she worked out were his gross billing figures.

**Mr Harnick:** And you used those in your discussions with constituents, did you not? I think you told us earlier that you did.

**Mr Waddell:** That I may have, yes.

**Mr Harnick:** Did Ms Murdock know you were doing that?

**Mr Waddell:** She knew that the figures were available to us.

**Mr Harnick:** Did she know that you were discussing them with people in the community?

**Mr Waddell:** She never questioned me on it.

**Mr Harnick:** Did she know that you were using them and discussing them in the community? Yes or no?

**Mr Waddell:** I do not know.

**The Chair:** Mr Harnick, I would just like to remind you that you are about 15 or 16 minutes into your questioning and we are over the time. If you would like, we could recess now, or if you are prepared to finish it off, that would be—

**Mr Owens:** No, let's finish it up.

**Mr Harnick:** I am quite content to come back and finish off after lunch.

**Mr Christopherson:** We are prepared to finish it up, Mr Chairman.

**The Chair:** But if the committee is ready to sit for the next 10 or 15 minutes?

**Interjection:** You bet.

**The Chair:** Thank you. Continue.

**Mr Harnick:** After you started spreading your guesstimates through the community, did you ever have any discussion with the people in Ms Martel's office about how you were handling this situation?

**Mr Waddell:** No.

**Mr Harnick:** Did you ever have any discussions with the constituency people in Mr Laughren's office about how you were handling these calls?

**Mr Waddell:** No.

**Mr Harnick:** Do you really expect people to believe that?

**Mr Waddell:** We were busy enough that we asked them, "Are your phones ringing off the hook with this Dr Donahue stuff?" and they said yes. Then another phone would be ringing and they would be back on a call.

**Mr Harnick:** Did you never say to them, "What are you telling them when they call?" or was it just so busy that you would say, "We're getting swamped with Dr Donahue calls; gotta go," and you hung up the phone?

**Mr Waddell:** Yes.

**Mr Harnick:** Did you never discuss or have 30 seconds to say, "What are you telling the people?"

**Mr Waddell:** I did not have much time for it.

**Mr Harnick:** You stretch my imagination when you tell me that you had no discussions with Ms Martel's constituency people and with Mr Laughren's constituency people, who were all getting the same phone calls you were. You never discussed with them what the responses were?

**Mr Waddell:** We never got into any real specifics on it.

**Mr Harnick:** What specifics did you get into? Surely you told them about your numbers?

**Mr Waddell:** Yes.

**Mr Harnick:** Of course you did. And you told them that he was billing \$1.5 million a year, did you not?

**Mr Waddell:** We said that we had estimated.

**Mr Harnick:** Yes. You also told them about the figures you extrapolated for electrolysis, did you not?

**Mr Waddell:** I may have.

**Mr Harnick:** If you did the other figure of \$1.5 million, you surely did this figure. You told them that, did you not?

**Mr Waddell:** Most of my comments around the \$200,000 were that if he had billed the \$200,000, then that was money that was not available for skin cancers.

**Mr Harnick:** But you told that to Ms Martel's people.

**Mr Waddell:** I told them that was the answer I was giving.

**Mr Harnick:** Yes, of course you would have. And you told that to Mr Laughren's people, did you not?

**Mr Waddell:** I do not remember having a specific conversation with Mr Laughren's people about that.

**Mr Harnick:** But you definitely did with Martel's people?

**Mr Waddell:** Yes.

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**Mr Harnick:** And had Martel's people calculated any numbers on their own, or were they using your numbers?

**Mr Waddell:** I am not sure.

**Mr Harnick:** It is pretty safe to say that your numbers that you were guessing on were being delivered to the community through your office and through Ms Martel's office. Is that not correct?

**Mr Waddell:** I am not sure of that.

**Mr Harnick:** You certainly conveyed the information to Ms Martel's office. You have told us that.

**Mr Waddell:** Yes.

**Mr Harnick:** Would it be unreasonable to assume that they were using the same arguments you were using?

**Mr Waddell:** I am not sure. I was not sitting in their office.

**Mr Harnick:** You discussed it with them.

**Mr Waddell:** Briefly.

**Mr Harnick:** And you had to get together on the responses you were going to give, did you not?

**Mr Waddell:** No.

**Mr Harnick:** So you at least were consistent in your guesswork.

You told us earlier something about your knowledge of the underserviced area program and how it affected Dr Donahue by way of dates and timing. Is that correct?

**Mr Waddell:** Excuse me?

**Mr Harnick:** In your evidence you said that Dr Donahue had been on the underserviced area program—

**Mr Waddell:** We understood that he was, yes.

**Mr Harnick:** In fact, you went so far as to tell us you knew that the underserviced area program had ended for Dr Donahue.

**Mr Waddell:** We found that information out, yes.

**Mr Harnick:** You would have done that before these telephone conversations started to occur because that factored into your calculations, you told us. Is that correct?

**Mr Waddell:** Yes.

**Mr Harnick:** Where did you get the information that he was on the underserviced area program?

**Mr Waddell:** I cannot recall.

**Mr Harnick:** Would it have been a month before this? Would it have been back in the time when the electrolysis association was coming to see you in 1990?

**Mr Waddell:** I was not aware that he was on the program at that time. I was not even aware of his name at that time.

**Mr Harnick:** How did you become aware that he was on the underserviced area program?

**Mr Waddell:** Some time during this entire month, month and a half.

**Mr Harnick:** It would have been before the 12th of November—is that correct?—which is the date of the first telephone log conversation in exhibit 81. Am I correct in that?

**Mr Waddell:** I am not sure of that.

**Mr Harnick:** Where did you get the information from?

**Mr Waddell:** From Ms Murdock.



**Mr Harnick:** Ms Murdock told you that he was involved in the underserviced area program?

**Mr Waddell:** And it was in the paper also.

**Mr Harnick:** I am not interested in what you read. I am interested in what Ms Murdock told you.

**Mr Waddell:** Dr Donahue had stated it in the paper.

**Mr Harnick:** Pardon?

**Mr Waddell:** Dr Donahue had stated it in the paper.

**Mr Harnick:** Did Ms Murdock also tell you about it?

**Mr Waddell:** About the underserviced area program?

**Mr Harnick:** Yes.

**Mr Waddell:** Yes.

**Mr Harnick:** When did she tell you that?

**Mr Waddell:** About the underserviced area program?

**Mr Harnick:** Yes.

**Mr Waddell:** She started giving explanations on that, oh, probably back in February of 1991.

**Mr Harnick:** February of 1991.

**Mr Waddell:** Yes.

**Mr Harnick:** Do you know where she obtained the information from?

**Mr Waddell:** Information on the underserviced area program?

**Mr Harnick:** No, that Dr Donahue was part of it.

**Mr Waddell:** Oh. Back in February we were talking about the underserviced area program because we were trying to get more physicians and specialists into the city.

**Mr Harnick:** When did you find out that Dr Donahue was on that program?

**Mr Waddell:** In November of 1991.

**Mr Harnick:** You found that out through Ms Murdock?

**Mr Waddell:** And the newspaper, from Dr Donahue himself.

**Mr Harnick:** Have you told me about all the discussions you had with Ms Martel's constituency staff regarding Dr Donahue?

**Mr Waddell:** All the conversations.

**Mr Harnick:** Were there any other conversations you had?

**Mr Waddell:** "Are they still calling you on Dr Donahue?"

**Mr Harnick:** No, I want to know if you have had any further discussions with Ms Martel or her constituency staff about Dr Donahue.

**Mr Waddell:** In which area?

**Mr Harnick:** Anything.

**Mr Waddell:** "Are we still getting calls on him?" That died down some time—

**Mr Harnick:** Did you ever discuss any other issues dealing with Dr Donahue?

**Mr Waddell:** I am not sure what you are getting at.

**Mr Harnick:** Let me try another way. When Ms Martel went to Thunder Bay and had her heated argument, at some stage after that you heard about the contents of that discussion she had with Mrs Dodds. Is that correct?

**Mr Waddell:** Yes, when the entire province found out about it.

**Mr Harnick:** Were you surprised about what Ms Martel said?

**Mr Waddell:** Yes, I was.

**Mr Harnick:** Why?

**Mr Waddell:** It did not seem like Shelley.

**Mr Harnick:** In what sense did it not seem like Shelley?

**Mr Waddell:** She had always seemed pretty cool and in control.

**Mr Harnick:** And did the contents of what she said about Dr Donahue surprise you?

**Mr Waddell:** Yes.

**Mr Harnick:** What were you surprised about?

**Mr Waddell:** The mention of investigations and what not.

**Mr Harnick:** Was there anything else dealing with that discussion you were surprised about?

**Mr Waddell:** Excuse me?

**Mr Harnick:** Well, the issue of dealing with the file, "I've seen his file"; did that surprise you?

**Mr Waddell:** I did not know what file they were speaking of. There are files and there are files.

**Mr Harnick:** What did you think was the relevant—

**Mr Waddell:** This is our Dr Donahue file.

**Mr Harnick:** When you heard that Ms Martel had seen his file, did it conjure up, to you, what it was that she had probably seen about Dr Donahue?

**Mr Waddell:** In what way, sir? No.

**Mr Harnick:** Did it relate, or did you think in any way of the things you had been telling people in Sudbury?

**Mr Waddell:** I still do not follow you.

**Mr Harnick:** Those are my questions.

**The Chair:** Thank you very much, Mr Harnick. We are past the recess. Mr Christopherson?

**Mr Christopherson:** Mr Chair, in the interest of time—I know we want to get through as many witnesses as we can—we are prepared to waive any questions we have with Mr Waddell.

**The Chair:** Thank you very much, Mr Christopherson. I would like to thank you, Mr Waddell, for coming before us with your counsel.

Members, just before we break, I would like to indicate that we are distributing as exhibit 82 the edited transcripts of the Minister of Health of an in camera proceeding. It is marked as exhibit 82.

We will recess until 2 pm.

The committee recessed at 1218.

## AFTERNOON SITTING

The committee resumed at 1406.

SHARON MURDOCK

**The Chair:** We will call the afternoon session of the standing committee on the Legislative Assembly to order. This afternoon we have with us Sharon Murdock, MPP for the riding of Sudbury and parliamentary assistant to the Minister of Labour. With her is her counsel, whom I will ask to identify himself for the purposes of Hansard.

**Mr Klippenstein:** Thank you, Mr Chairman. Murray Klippenstein is the name.

**The Chair:** Thank you very much. Ms Murdock, it has been the procedure in this committee that before any witness gives testimony an oath is administered, and I would like to ask the clerk to do that at this time.

Sharon Murdock, sworn.

**The Chair:** Ms Murdock, for everyone who has come before the committee, a warning has been issued which I would just like to provide to you, and that is that in the event you are asked a question which you cannot properly answer without divulging confidential information, then we would ask you or your counsel to advise the committee of this. If a response cannot be given without divulging such confidential information, then the matter may be addressed in an in camera proceeding. So I alert you to that possibility. To members of the committee, I am advised by counsel that there will be the need for an in camera session with Ms Murdock.

Having said those preliminaries, as is the custom of the committee I will invite our counsel, Patricia Jackson, to commence questioning, after which time there will then be a rotation of questions from caucus to caucus. Ms Jackson.

**Ms Jackson:** Thank you, Mr Chairman. Miss Murdock, you are the MPP for Sudbury?

**Ms S. Murdock:** Yes.

**Ms Jackson:** And the parliamentary assistant to the Minister of Labour?

**Ms S. Murdock:** Yes.

**Ms Jackson:** You were first elected to the Legislature in 1990?

**Ms S. Murdock:** Yes.

**Ms Jackson:** I understand that before your career in the Legislature you did a number of things, including teaching school for 13 years?

**Ms S. Murdock:** Yes.

**Ms Jackson:** Then you attended commerce courses at the University of Windsor from the summer of 1979 to the fall of 1981 and are just a very few credits short of a degree in commerce?

**Ms S. Murdock:** Yes.

**Ms Jackson:** Thereafter you attended the law school at the University of Windsor?

**Ms S. Murdock:** Yes.

**Ms Jackson:** And graduated in 1984?

**Ms S. Murdock:** Yes.

**Ms Jackson:** Articled with the crown?

**Ms S. Murdock:** Yes.

**Ms Jackson:** Were called to the bar in 1986?

**Ms S. Murdock:** Yes.

**Ms Jackson:** Then saw a better way out and got out of the law and began, in 1986, working for Mr Elie Martel?

**Ms S. Murdock:** Yes.

**Ms Jackson:** Then in 1987 ran for the first time, unsuccessfully, for the provincial Legislature?

**Ms S. Murdock:** Yes.

**Ms Jackson:** After that you continued working, this time for Mr Martel's daughter, Ms Shelley Martel, as a constituency assistant in her office?

**Ms S. Murdock:** Yes.

**Ms Jackson:** You did that until you were elected to the Legislature in September of 1990?

**Ms S. Murdock:** Yes.

**Ms Jackson:** Before we turn to your evidence on the matters in issue, I understand that you saw the evidence that we heard this morning on television.

**Ms S. Murdock:** That is right.

**Ms Jackson:** And have been able to locate for us—indeed, you tell me that you had already provided to me, and I have no doubt you are right—an article from the Sudbury Star dated January 27, 1992, which certainly appears to be the article that Mr Waddell was referring to this morning. Mr Chairman, might I suggest, so the record is complete, that we mark that as the next exhibit?

**The Chair:** Yes, we will make copies and distribute them and it will be marked as exhibit 83.

**Ms Jackson:** Thank you. That will be circulated to members.

Ms Murdock, I understand that in terms of knowing of or knowing Dr Donahue, you in fact were a patient of his on one occasion in 1987?

**Ms S. Murdock:** Yes.

**Ms Jackson:** Having been to his office the one time, what did you know, if anything, about his practice?

**Ms S. Murdock:** At that one time in 1987?

**Ms Jackson:** As a result of simply being a patient; I am going to try to accumulate what you knew about Dr Donahue and when, and that, I guess, is the first piece of information.

**Ms S. Murdock:** Okay. Well, he had just opened his new office in Sudbury in—I was calling it the WCB building, but in that office building—the Scotia Tower, I guess it is, and it was brand new; you could still smell the paint. There were a number of rooms but I only saw the receptionist and his nurse at that time, so that is all I knew.

**Ms Jackson:** So you knew he was a dermatologist, I assume?



**Ms S. Murdock:** Oh yes, right. I was glad he came to Sudbury. We had Dr Rinne but he had been around since I was a kid and I just was glad we had a new one.

**Ms Jackson:** So all you knew as a result of that one visit was that he was a new dermatologist starting out in Sudbury?

**Ms S. Murdock:** Right.

**Ms Jackson:** All right. Now, I understand that in terms of the threshold agreement between the OMA and the Ontario government you, like every other member of the Legislature, became aware of it when it was announced in the Legislature, I think in June of last year.

**Ms S. Murdock:** Yes.

**Ms Jackson:** But you had no particular occasion to become familiar with its provisions until the fall of 1991.

**Ms S. Murdock:** True.

**Ms Jackson:** However, I understand that at some point during this period you became generally aware of what has been described in these hearings as the epilation issue, or the delisting of epilation from the OHIP schedule.

**Ms S. Murdock:** Yes, mostly because I sit on the legislation/regulations cabinet committee.

**Ms Jackson:** All right. You have provided to me—and perhaps I can ask that it be circulated—a two-page description of the status of electrolysis. Maybe we could wait until that is in front of everybody. Mr Chairman, could we mark that as the next exhibit, 84?

**The Chair:** Yes. That will be marked as exhibit 84.

**Ms Jackson:** I understand, Ms Murdock, that this two-page description of the status of electrolysis was actually prepared for you some time in November. Is that right?

**Ms S. Murdock:** This two-page—

**Ms Jackson:** Yes.

**Ms S. Murdock:** I got another copy of it because I could not find my copy and so I phoned the Ministry of Health and asked them to send it to me, yes, in November.

**Ms Jackson:** But you had this very same document earlier on—

**Ms S. Murdock:** Yes.

**Ms Jackson:** —when you sat on the committee that was considering the delisting?

**Ms S. Murdock:** I do not know whether it was this very same document because I do not keep any of the documents in the leg/regs committee. I would have handed those back to the clerk of that committee, and I do not recall it being in the same format as this. After the regulation was passed or approved by cabinet, then we were given this as a background piece of information.

**Ms Jackson:** In any event, whatever form it was in, the information that is in exhibit 84—

**Ms S. Murdock:** Oh, yes.

**Ms Jackson:** —came to you when you sat on, as you say, the leg/regs committee?

**Ms S. Murdock:** Yes.

**Ms Jackson:** And that would be approximately when?

**Ms S. Murdock:** Hmm. I should have checked with the committee clerk to find out, but I would say that it generally works out to be about six weeks before it actually is approved, so it would probably have been at the beginning of October, around there—end of September, beginning of October.

**Ms Jackson:** Just to deal with this document, I understand that in the latter part of November you were invited on a television program where you anticipated you would be speaking about electrolysis and you requested this document from the ministry.

**Ms S. Murdock:** Yes.

**Ms Jackson:** And in fact you did not speak about electrolysis, as it turned out.

**Ms S. Murdock:** No, they did not ask me one single question on doctors in Sudbury.

**Ms Jackson:** It is like the exam, where the questions are not what you expect. All right. With that sort of background in mind, can you tell the committee when you first became aware that the threshold agreement per se was becoming an issue in Sudbury, and its impact on local doctors?

**Ms S. Murdock:** Actually, I became aware of it through Dr Corringham, who is the director of the north-eastern cancer care treatment centre. In a conversation with him he advised me that we were going to lose Dr Donahue, which to him was a real concern because of the cancer aspect of his job, and Dr Donahue was quite prevalent in that.

**Ms Jackson:** Are you able to locate in time when that issue was raised with you?

**Ms S. Murdock:** My recollection is the end of October, but it was the kind of meeting—it was done at the end of a day. Dr Corringham and I met on a number of other issues and then Dr Donahue's issue came up at the end of the conversation. It is not in my agenda book; I checked it. It is not listed as an appointment, so my recollection is the end of October.

**Ms Jackson:** In any event, you were told there was a risk of losing Dr Donahue as a result of the threshold agreement?

**Ms S. Murdock:** Yes, my recollection is that. Dr Corringham was quite familiar with the issue of threshold and underserved area programming. That had always been an issue in Sudbury for—well, from since I worked with Elie right through to now. It still is an issue.

**Ms Jackson:** Now, you have given me—and I would ask that it be distributed to committee members—a bundle of correspondence that came through your office in the late part of October dealing with this issue.

**The Chair:** That is now being distributed and being marked as exhibit 85.

**Ms Jackson:** If you could turn to the back part of that bundle of documents, there is a letter of October 22, 1991, to yourself from Dr Donahue, describing in general terms some of the financial implications of the threshold agreement, and an attached example of the costs of psoriasis treatment on an outpatient basis with a local dermatologist versus an inpatient basis in Toronto. That letter is dated



October 22 and is directed to you in Toronto. I see that on top of it is a letter from you to Dr Donahue acknowledging the letter. Do you recall receiving this?

**Ms S. Murdock:** No. It was sent to my Toronto office. Our procedure is that all constituency matters are handled in my constituency and not through my legislative assistant. Somehow or other this got into my Toronto Ministry of Health file and I never saw it till yesterday.

**Ms Jackson:** Is this your signature on the letter?

**Ms S. Murdock:** Yes. That is dated October 30; yes, I signed that. It was the standard letter that we were doing with all the questions that were being asked on threshold. We were sending them over to the Ministry of Health because everything was still under review.

**Ms Jackson:** All right. At the last part of Dr Donahue's letter he indicates that he will make himself available in person, writing or telephone to discuss the contents of the letter with you or to clarify any points.

**Ms S. Murdock:** Yes.

**Ms Jackson:** Did anybody on your behalf or did you ever take him up on that offer?

**Ms S. Murdock:** No. In fact I, not having seen this letter, believed all this time that Dr Donahue had never tried to contact me either in writing or by phone.

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**Ms Jackson:** All right. Then moving forward in the bundle, we have a letter from Gilles Bisson on October 30 to yourself enclosing a letter from Dr de Blacam concerning Dr Donahue.

**Ms S. Murdock:** Yes.

**Ms Jackson:** You did see that letter, did you?

**Ms S. Murdock:** I did not see the one addressed to me but I did see that letter because he sent it everywhere.

**Ms Jackson:** Well, you saw the letter from Mr Bisson, to start with?

**Ms S. Murdock:** Oh, for sure.

**Ms Jackson:** All right. And the enclosed letter of Dr de Blacam, did you not see that?

**Ms S. Murdock:** That was not attached when I brought it to the House so I did not see it at that time. I saw it at another time.

**Ms Jackson:** Do you remember when you saw it?

**Ms S. Murdock:** My recollection yesterday was it was new to me. But in checking with my staff in Sudbury, this letter had appeared in other places. To my mind I had not seen it either, but it had been in my pile of correspondence when I—

**Ms Jackson:** In Toronto or in—

**Ms S. Murdock:** In Sudbury.

**Ms Jackson:** In Sudbury.

**Ms S. Murdock:** Yes.

**Ms Jackson:** All right. Just for the edification of those in the room, on the second page of the letter from Dr de Blacam, it is very hard to read and there are several lines that are stroked out, but it appears to me that the lines that

are stroked out are reproduced exactly in the second page of a similar letter to Dr Mitchell within the same bundle.

**Ms S. Murdock:** That is correct. The letter addressed to Dr Mitchell was the one that was attached to Gilles Bisson's letter.

**Ms Jackson:** I see. But it is the same letter as—

**Ms S. Murdock:** Oh, yes, the content of the letter is identical. I did check that.

**Ms Jackson:** So you saw this letter but you saw it in a version directed to someone other than yourself, namely, to Dr Mitchell?

**Ms S. Murdock:** Yes, and it was just a skimming thing. I did not read the whole letter. I knew the issue was threshold and I was not up on every detail of the threshold issue, so that is what I decided when this came, that I had to find out more about it.

**Ms Jackson:** And are you able in your memory to remember whether this came before—"this" being the letter of October 30 from Mr Bisson—or after your conversation with Dr Corringham?

**Ms S. Murdock:** Oh, I do not know.

**Ms Jackson:** Okay. They were all at about the same time, is that fair?

**Ms S. Murdock:** Yes.

**Ms Jackson:** All right. So you have had one communication that you were fleetingly aware of, I guess to the extent of signing a return letter to Dr Donahue, but that you did not remember, a conversation with Corringham, and now a letter from Mr Bisson. By the way, why would Mr Bisson forward this to you?

**Ms S. Murdock:** I am a member from Sudbury and Dr Donahue is a member of my riding.

**Ms Jackson:** I see. All right. So you have got three incidents at least of raising this issue of the impact of thresholds and they are all centred on Dr Donahue?

**Ms S. Murdock:** Mm-hmm.

**Ms Jackson:** Is it fair that Dr Donahue is becoming a bit of a constituency issue?

**Ms S. Murdock:** I would say so. Yes.

**Ms Jackson:** All right. Now, what are the arrangements, if any, among yourself, Mr Laughren and Ms Martel for dealing with issues that arise in your area?

**Ms S. Murdock:** Well, we discovered early on that we could not all three of us meet with everyone, which is what we attempted to do at the beginning, so we decided in about January 1991 that whoever got contacted first on an issue would be the lead on it. Instead of having all three of us attend a meeting only one of us would and would keep the other two informed.

**Ms Jackson:** All right. With respect to the issue of Dr Donahue, who then of the three of you was the lead?

**Ms S. Murdock:** Shelley was. When I had talked to her about Corringham having spoken with me, she had already gotten correspondence on it and had already started it, so she unfortunately got it, but yes.



**Ms Jackson:** And did she say what she had done at that point?

**Ms S. Murdock:** That she was already talking to Frances and that they were looking at the whole underserved area issue.

**Ms Jackson:** And did she tell you any more about what she was doing or had done?

**Ms S. Murdock:** No.

**Ms Jackson:** All right. If she is then taking the lead on this issue in terms of the Dr Donahue issue, what does that mean she will do?

**Ms S. Murdock:** Any meetings that would be involved, she would initiate them and if all of us had to attend, she would let us know. If anything hot was coming up or that we thought was necessary for us to meet, she would make sure we would know that, or if nothing was happening she just would not let us know. So if she did not come over and tell us—usually in the House if the House is in session—if she did not let us know, then we knew things—nothing had changed since the last time.

**Ms Jackson:** Does this mean that any information you need on this issue you would expect to get from her?

**Ms S. Murdock:** Yes.

**Ms Jackson:** All right. Having received these communications and having learned from Shelley Martel that she was taking the lead on this issue, did you do anything about it to—

**Ms S. Murdock:** How do you mean?

**Ms Jackson:** Did you do anything to learn more about the issue, or to take the matter forward?

**Ms S. Murdock:** Yes.

**Ms Jackson:** What did you do?

**Ms S. Murdock:** I was in the House and I had Gilles Bisson's letter. I must have had House duty. It must have been a Tuesday. You do not normally stay in for debate unless you have to. Frances was there and I thought it was an ideal opportunity to grab her and find out what the threshold meant. So I did. I went up to her. As she was somewhat preoccupied—I do not know what debate was coming up, but it was something in Health—she advised me to see Eugene LeBlanc, who was sitting behind the Speaker's chair, which I did.

**Ms Jackson:** And what is your best estimate of when, in point of time, this conversation took place?

**Ms S. Murdock:** It would have been after—I cannot remember. I did check with the House debate records to see what piece of Health legislation had come up for debate, but it is not unusual for things to be on the agenda and not get debated the day that they are supposed to be, so nothing indicates when it would have been, except my recollection is that it would have been after October 30, obviously, and early November, that week, that first week of November.

**Ms Jackson:** And you had a conversation then with Dr LeBlanc?

**Ms S. Murdock:** Oh yes; lengthy.

**Ms Jackson:** Lengthy being how long?

**Ms S. Murdock:** Easily 45 minutes to an hour.

**Ms Jackson:** And what, in summary, did you learn about the threshold agreement in that conversation?

**Ms S. Murdock:** Well, if you look at that October 30 Gilles Bisson letter, I had that with me and—

**Ms Jackson:** These are notes you made at the time, are they?

**Ms S. Murdock:** On the bottom. The upper—"How is the service re 'underserved' going to be determined for exemption purposes?"—was done afterwards. But the bottom part was the notes I made with Dr LeBlanc.

**Ms Jackson:** Can you, with the aid of those notes, summarize what you learned about the threshold agreement?

**Ms S. Murdock:** Yes. It was an agreement worked out between the OMA and the Ministry of Health, which would basically—that fees could be charged to OHIP up to \$400,000, where you would get dollar for dollar for return; \$400,000 to \$450,000, you would get two thirds, the doctor who had billed would get two thirds back, and anything after \$450,000 ad infinitum would go for one third. So it was a discounted practice.

**Ms Jackson:** And you note there that it does not include income from non-OHIP sources.

**Ms S. Murdock:** Right.

**Ms Jackson:** And it does not include technical charges?

**Ms S. Murdock:** That is right. Mind you, I must admit that part of it, I mean the WCB consultations—if you were a doctor working for the Workers' Compensation Board or doing something for them—that I understood. But the technical fees I was not clear on, nor did I get a clarification at that particular meeting, but I did later.

**Ms Jackson:** And then the last part of the note says that, "At a certain point fixed costs have to be"—there is no word there—"ie, if a radiologist does one X-ray or one"—something or another.

**Ms S. Murdock:** "One million"

**Ms Jackson:**—"or one million, the machine costs stay the same."

**Ms S. Murdock:** And "payments stay the same."

**Ms Jackson:** Can you explain what that note means.

**Ms S. Murdock:** Well, if I am a doctor and I buy an X-ray machine, my costs obviously can be put out over time. But at the beginning, if I take one X-ray or 1,000 X-rays, my cost is still going to be the same every month in terms of the payments I have to make. But at some point in time that machine is paid for, and then that cost is eliminated as a cost. That is what that meant to me. That is what that tells me, reading that.

**Ms Jackson:** Is this the statement that the machine is being depreciated over time?

**Ms S. Murdock:** Right.

**Ms Jackson:** Anything else that you learned about the threshold agreement on that occasion?

**Ms S. Murdock:** Well, we talked about underserved area programs in that conversation too, because that was



when I found out Kitchener-Waterloo was underserved in terms of cardiovascular surgeons, so that was a—we were looking at the whole underserved area program in terms of the threshold and how we could look at that.

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**Ms Jackson:** Did you learn or did you know that people on the underserved area program were exempt from the threshold?

**Ms S. Murdock:** Yes.

**Ms Jackson:** Was there any discussion about whether Dr Donahue was on the underserved area program?

**Ms S. Murdock:** We discussed Dr Donahue in that meeting in terms of how the threshold was going to work with him and that he was on the underserved area program, yes.

**Ms Jackson:** Did you discuss any other impact of the threshold on Dr Donahue?

**Ms S. Murdock:** Other impact?

**Ms Jackson:** Yes.

**Ms S. Murdock:** I do not get what you mean.

**Ms Jackson:** Well, you said you discussed Dr Donahue in terms of the threshold.

**Ms S. Murdock:** Mm-hmm.

**Ms Jackson:** The one point being that he was on the underserved area program and therefore, to some extent, was not going to be covered by the threshold. Let me ask you this: Did you know for how long he would be on the underserved area program?

**Ms S. Murdock:** I do not know if I knew that that day, but I knew it was—Shelley told me it was June, but I do not know whether I knew then or whether I knew a little later.

**Ms Jackson:** When did Shelley tell you it was June?

**Ms S. Murdock:** Well, when we—it must have been in and around that time, at the beginning of November. I think somehow, in the back of my mind, I knew that he was on the underserved program but I had no idea at that time, like, knowing that he is in Sudbury, when he was going to be off it. I mean, I know that the underserved area program is four years long, but I did not know when his four years were up.

**Ms Jackson:** Okay.

**Ms S. Murdock:** And Shelley told me it was June.

**Ms Jackson:** Do you remember whether that was before or after you had your conversation with Dr LeBlanc?

**Ms S. Murdock:** I do not think I knew it at the time with Dr LeBlanc, no.

**Ms Jackson:** Okay. Was there any discussion of Dr Donahue and electrolysis charges?

**Ms S. Murdock:** In that conversation?

**Ms Jackson:** Yes.

**Ms S. Murdock:** No.

**Ms Jackson:** Any other discussion of Dr Donahue?

**Ms S. Murdock:** No, we were talking more about threshold. He had to explain this to me. I was not too quick

on the uptake in understanding exactly how it worked, so he had to explain it to me a number of times.

**Ms Jackson:** All right. Then the note that you say is written on the top of exhibit 85, that you said was written later, reads, "How is the service re 'underserved' going to be determined for exemption purposes?" First of all, what does that note mean?

**Ms S. Murdock:** I wanted to know what exemptions were going to be included in the underserved area program. We were already talking about it, like, early November, of using the underserved area program to cover our problem in the north specifically, but in smaller communities everywhere, to handle the problem with getting specialists to—

**Ms Jackson:** So you are talking about extending the underserved area program exemption?

**Ms S. Murdock:** Well, we did not know how we were going to do that, but we knew probably the only way we were going to work it so that specialists would not leave was through the underserved area program, so I wrote that down as a note to my legislative assistant to get the information for me.

**Ms Jackson:** From whom?

**Ms S. Murdock:** Eugene LeBlanc.

**Ms Jackson:** When did you write that note?

**Ms S. Murdock:** Probably within a day or so after this, after the meeting with Eugene. It was a question that I had not asked in our meeting and I wanted a little more detail on it.

**Ms Jackson:** Who is your legislative assistant?

**Ms S. Murdock:** David Shantz.

**Ms Jackson:** And did he get that information?

**Ms S. Murdock:** He had called Eugene, because I had Eugene's number, but—and yes, he did, he talked to him about it and he got the information. Well, they were reviewing it. I mean, it was not any information at that time, it was still under discussion.

**Ms Jackson:** All right. Could you turn up exhibit 10 in the black volume in front of you.

**Ms S. Murdock:** The transcripts?

**Ms Jackson:** It is a transcript of November 8, an interview with Dr Donahue on electrolysis. Were you aware of that interview?

**Ms S. Murdock:** I am in the wrong one. There are two black books here. Okay, no. That is the one we looked at in your office? No.

**Ms Jackson:** All right. In exhibit 48 there is a copy of an office closure notice from Dr Donahue.

**Ms S. Murdock:** Yes.

**Ms Jackson:** And Mr Waddell indicated that this was a retyped version of Dr Donahue's closure notice that had been retyped in Mr Laughren's office.

**Ms S. Murdock:** I have no idea.

**Ms Jackson:** You did not know that. I understand, in any event, you got a copy of this notice.

**Ms S. Murdock:** Yes.



**Ms Jackson:** And that you did get your copy from Mr Laughren's office.

**Ms S. Murdock:** Yes.

**Ms Jackson:** And that was about November 12?

**Ms S. Murdock:** Yes, around there.

**Ms Jackson:** Do you know why you got this from Mr Laughren's office as opposed to—

**Ms S. Murdock:** Well, it is hearsay. It is what my staff told me as to why they got it from Mr Laughren's office. He wanted—

**Ms Jackson:** What did they tell you?

**Ms S. Murdock:** They said that the copy they had was illegible and Floyd had a legible copy that they had retyped.

**Ms Jackson:** All right. So that is the only reason. Your office had already received an illegible copy of the same notice.

**Ms S. Murdock:** Mm-hmm.

**Ms Jackson:** All right. Then can you look at exhibit 11 which is the transcript of Dr Donahue's interview on November 13 concerning his office closure. Did you hear that broadcast?

**Ms S. Murdock:** CBC?

**Ms Jackson:** Yes.

**Ms S. Murdock:** On a Wednesday?

**Ms Jackson:** Yes.

**Ms S. Murdock:** No.

**Ms Jackson:** Did you hear about it?

**Ms S. Murdock:** Yes.

**Ms Jackson:** About that time?

**Ms S. Murdock:** Well, I left Sudbury that day so I would not have heard it then. I did not come back till a week the following Friday so—

**Ms Jackson:** Now, we marked this morning—and you will have seen it on television—a record of the telephone logs of some calls that you started to get about Dr Donahue. Those are exhibit 81. You were generally aware, were you, that your office was getting a very large number of calls concerning Dr Donahue?

**Ms S. Murdock:** Yes.

**Ms Jackson:** And you can confirm, as did Mr Waddell, that what we see in exhibit 81 was not a complete record of every single call received.

**Ms S. Murdock:** True.

**Ms Jackson:** In addition, as I understand it, your office received some letters from constituents, and I am going to ask that those be circulated and marked as the next exhibit. I should tell you, Ms Murdock, that in the case of the letters, since some people indicate they are patients of Dr Donahue and make reference to their condition, I have deleted their names.

**The Chair:** Those letters will be marked as exhibit 86.

**Ms Jackson:** It is fair, is it not, that by far the vast majority of telephone calls and correspondence that your

office received dealing with the threshold issue related to Dr Donahue?

**Ms S. Murdock:** Oh, yes. Initially, yes.

**Ms Jackson:** Well, during this period, in—

**Ms S. Murdock:** We are talking of early November? Yes.

**Ms Jackson:** Early November through at least the third week of November.

**Ms S. Murdock:** Early November, I would say, probably more. Certainly it was—I think it was all Dr Donahue. I would say that changed as the months progressed.

**Ms Jackson:** All right, and other specialists became involved in discussions with the government as you moved through November.

**Ms S. Murdock:** Yes.

**Ms Jackson:** Did you approve of what Dr Donahue was doing in suggesting that all of this might cause him to close his office?

**Ms S. Murdock:** Approve?

**Ms Jackson:** Approve.

**Ms S. Murdock:** Well, I do not think that is the word I would use, but I—in terms of his threat to close his office?

**Ms Jackson:** Yes.

**Ms S. Murdock:** No, in that respect, I would say that I did not think it was proper to use that as a threat, no.

**Ms Jackson:** Did you consider that it was a kind of blackmail?

**Ms S. Murdock:** Yes.

**Ms Jackson:** Did you say that to people?

**Ms S. Murdock:** No. Well, I did in your office, but I did not say it outside, no.

**Ms Jackson:** Did you consider that it was misleading?

**Ms S. Murdock:** I thought the information that Dr Donahue was disseminating through newspapers, radio—he attended meetings uninvited just to relay the information about his situation, and I thought that the information that he was relaying was incorrect.

**Ms Jackson:** In what respect did you consider it was blackmail or misleading?

**Ms S. Murdock:** Well, first of all, albeit he certainly stated that he was on the underserviced area program, I do not think the understanding in the public was that the threshold would not affect him while he was on the underserviced area program; that was not a clear understanding. I do not think he tried to have the people understand that that was—at least not from what I heard or saw in the paper—that he tried to have them understand that he was not affected by the threshold while he was on the underserviced area program, and by then I understood that the epilation would have been a technical fee, and he was not explaining that all those technical fees were not affected by the threshold either. So I think that in just those two instances alone it was quite misleading. And then the financial aspect, I mean, he was quoting figures in the

paper and leading people to believe that he was going to go bankrupt, and I could not see it.

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**Ms Jackson:** Just so we understand exactly what you are saying, you knew he was on the underserviced area program, and you thought that was till the end of June.

**Ms S. Murdock:** Yes.

**Ms Jackson:** So you knew that for at least that period of time he would not be subject to the threshold.

**Ms S. Murdock:** That is correct.

**Ms Jackson:** And you thought he was misleading people by not making that clear?

**Ms S. Murdock:** Yes.

**Ms Jackson:** And then on epilation, you knew that epilation—

**Ms S. Murdock:** Well, if I might go back just to that last part?

**Ms Jackson:** Sure.

**Ms S. Murdock:** The fact, yes, that because he was making finances such an issue in his arguments as to why he had to close, I think it was imperative then that he explain it properly, how the threshold was truly going to affect him, yes.

**Ms Jackson:** If he understood, I suppose.

**Ms S. Murdock:** Well, he is a very bright man. I would think he would, yes.

**Ms Jackson:** All right. With respect to epilation, the point I think you are making there is that his epilation income, to the extent that he had one, would not be subject to the threshold.

**Ms S. Murdock:** That is right; at any time.

**Ms Jackson:** All right. And when did you learn that?

**Ms S. Murdock:** Well, I mean, the epilation was going to be terminated November 15, so in any case it was not going to be part of the whole parcel anyway. So that is number one. So that would be in my head. And number two, when I discovered that the epilation was a technical fee was probably the week of, let's see, 11th—18th, probably around there some time.

**Ms Jackson:** So you learned on November 18 that in addition to being delisted on November 15, any income before that would not be included in the threshold.

**Ms S. Murdock:** That is correct.

**Ms Jackson:** How did you come to learn that in the week of November 18?

**Ms S. Murdock:** I think finally it clicked in that it was a technical fee and, like, I was thinking of technical fees as X-rays and blood tests and that kind of thing. I was not thinking of electrolysis for the purposes of hair removal as being a technical fee. I finally understood that it would have been. It was not a professional fee.

**Ms Jackson:** And the import of that is that technical fees are deducted from a physician's income in—

**Ms S. Murdock:** I did not know that, though, until December 5. I mean, I did not understand that until December 5.

**Ms Jackson:** And in the week of November 18, what did you think technical fees were?

**Ms S. Murdock:** X-rays, blood tests—

**Ms Jackson:** And epilation.

**Ms S. Murdock:** Well, yes, as of that week I realized that it would have been a technical fee because a piece of equipment was being used.

**Ms Jackson:** And if you did not know that technical fees were deducted from the income for purposes of the threshold, what did you think the significance of epilation being a technical fee was, in the week of November 18?

**Ms S. Murdock:** I do not know if I am following you; sorry.

**Ms Jackson:** I thought you just told me that you did not understand that technical fees were not included in a physician's income—

**Ms S. Murdock:** Oh, okay.

**Ms Jackson:** —for purposes of the threshold until December 5, right?

**Ms S. Murdock:** Mm-hmm. Right. I just assumed that they were included in whatever he billed, like, that the threshold applied to whatever you billed.

**Ms Jackson:** Including epilation.

**Ms S. Murdock:** At that time, yes.

**Ms Jackson:** And even—

**Ms S. Murdock:** Well, until November 15, and then after that it did not apply any more.

**Ms Jackson:** All right. November 18 you learned something about epilation income that you thought was significant. What did you learn?

**Ms S. Murdock:** No, I do not think I “learned” anything, using the term, putting the word “learned” in quotation marks here. It just suddenly clicked that when Eugene explained this to me in early November—and I am looking at the Gilles Bisson letter dated October 30—I at that time put “nor does it include technical charges.” I had no real internalization of that information and it was not until November 18 in terms of talking—I mean, everywhere you went you talked about this—that it suddenly clicked that epilation was a technical fee. I do not think anybody came and told me that.

**Ms Jackson:** If it is a technical fee, what does that mean in terms of whether it is or is not included in the threshold, as you understood it during the week of November 18?

**Ms S. Murdock:** It would not have been. Technical fees were not included in the threshold.

**Ms Jackson:** But you did not know that until December 5?

**Ms S. Murdock:** No, no, no, no. I did not know the threshold was only calculated after technical fees were reduced, yes. So I guess we are saying the same thing.

**Ms Jackson:** I do not think we are.

**Ms S. Murdock:** Okay.

**Ms Jackson:** I want to know—maybe I will try and make this simpler—when you learned that epilation income,



including epilation income before November 15, was not included in the threshold.

**Ms S. Murdock:** I do not know.

**Ms Jackson:** All right.

**Ms S. Murdock:** I am sorry. When I knew that? I do not know.

**Ms Jackson:** Are you able to say whether you knew it by the middle of November?

**Ms S. Murdock:** I knew that epilation was not included in the threshold? Yes, I can say that.

**Ms Jackson:** And that is one of the things that you thought was misleading about Dr Donahue's presentation?

**Ms S. Murdock:** Yes.

**Ms Jackson:** And specifically that was that he was not telling people that a portion of his income would not be included in the threshold because it was epilation?

**Ms S. Murdock:** Do you want to say the last part of that again, please?

**Ms Jackson:** Epilation is not included in the threshold, right?

**Ms S. Murdock:** Right.

**Ms Jackson:** Dr Donahue does epilation. Dr Donahue may do a significant amount of epilation, right? In your understanding?

**Ms S. Murdock:** My understanding is that, yes.

**Ms Jackson:** And that portion of his income therefore is not included in the threshold.

**Ms S. Murdock:** Right. I would have known that.

**Ms Jackson:** But he is not telling people that.

**Ms S. Murdock:** That is right.

**Ms Jackson:** I take it that is one of the things that you thought—

**Ms S. Murdock:** Well, I thought all the time that the whole issue was really epilation and not threshold in Dr Donahue's instance.

**Ms Jackson:** All right, but we will come to that.

**Ms S. Murdock:** Okay.

**Ms Jackson:** All this started by my asking you what it was that he was doing that you thought was misleading and you told me this epilation point was misleading.

**Ms S. Murdock:** Right.

**Ms Jackson:** Is it misleading because he is not telling people that that portion of his income is not included in the threshold?

**Ms S. Murdock:** That is right. He was not making the distinction publicly at all.

**Ms Jackson:** Was there any other aspect of this epilation point that you thought was misleading?

**Ms S. Murdock:** No.

**Ms Jackson:** All right. And the last thing that you said was misleading was the financial aspect, the suggestion that he would be in bankruptcy.

**Ms S. Murdock:** Mm-hmm.

**Ms Jackson:** What was misleading about that?

**Ms S. Murdock:** Well, as a cause of threshold. I mean, in the newspaper articles, TV appearances, radio and so on, he was stating that threshold was causing him to be in financial difficulty, and based on my understanding of the threshold and how it worked and was going to be, I did not think that he was stating the case as it should have been stated. So I thought it was misleading.

**Ms Jackson:** You thought the threshold was not going to have a financial impact on him?

**Ms S. Murdock:** Well, of course the threshold is going to have a financial impact on all of them. I mean, that is why you negotiated it with the doctors themselves. The government of the day did not pick \$400,000 as the mark, the doctors did. In Sudbury they voted against it, but they are the only ones, so we had to work something out with them. But of course it was going to affect him.

**Ms Jackson:** Now, having come to the conclusion that the position that Dr Donahue was taking was misleading people, I understand you had a meeting with your constituency workers to discuss how to respond to Dr Donahue.

**Ms S. Murdock:** Yes. Well, it was not specifically for that, but yes.

**Ms Jackson:** But that was in the end a substantial portion of what you did discuss in that meeting?

**Ms S. Murdock:** Substantial?

**Ms Jackson:** Yes.

**Ms S. Murdock:** No, I would not say that. It was certainly a part of it, though.

**Ms Jackson:** All right. And you met for how long?

**Ms S. Murdock:** About an hour. I closed my office for half an hour in order to continue the discussion, because we started it at lunch-hour.

**Ms Jackson:** And this was a meeting of yourself and Mr Waddell?

**Ms S. Murdock:** Yes.

**Ms Jackson:** And who else?

**Ms S. Murdock:** Colleen Johnson-Malette and Giselle Adams, my other two CAs.

**Ms Jackson:** What is your best recollection of when this was?

**Ms S. Murdock:** It was before Remembrance Day, and in my recollection the Friday before Remembrance Day, which would have been November 8.

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**Ms Jackson:** And it is essentially a meeting—you say it is at least in part a meeting to decide how to deal with the Dr Donahue issue as you are receiving it from your constituents, right?

**Ms S. Murdock:** When I came in that Friday morning, Colleen, who is the one who answers the phone—she is the first person anyone has contact with in my office, generally—was quite concerned because the phones were ringing and she had no answer and she did not know what "threshold" was and wanted me to explain. So, yes, I thought it was important that I sit them down.

**Ms Jackson:** And at that time you had talked to Dr LeBlanc.

**Ms S. Murdock:** Yes.

**Ms Jackson:** And had you at that time learned from Shelley Martel that Dr Donahue was on the underserved area program?

**Ms S. Murdock:** Yes.

**Ms Jackson:** And had you learned anything else from Shelley Martel about Dr Donahue, as of the date of this meeting?

**Ms S. Murdock:** I do not think so, no.

**Ms Jackson:** All right. So you want to explain to people how to deal with the threshold issue as it is being presented by your constituents.

**Ms S. Murdock:** Mm-hmm. Well, I wanted my constituency assistants to know how I felt, and since they are representing me, what I wanted; I wanted them to understand what my position was.

**Ms Jackson:** So that they could reflect that in their conversations with your constituents.

**Ms S. Murdock:** In their conversations, yes.

**Ms Jackson:** And at that time, as you have said, the way that issue was being presented in your constituency was in terms of Dr Donahue, chiefly.

**Ms S. Murdock:** You mean in my riding?

**Ms Jackson:** Yes.

**Ms S. Murdock:** Yes, Dr Donahue was the one who was making the press; that is true. But that was not my focus. I mean, he was the catalyst, for sure; there is no question. Frankly I think he should be commended in some ways, because if it had not been for him I am sure we would still be talking to the Ministry of Health about underserved area programs. He sort of got everybody going, all the other doctors. So it had gone greater than Dr Donahue, you know what I mean?

**Ms Jackson:** All right.

**Ms S. Murdock:** So it was important that my staff understood the threshold and explained our policy on threshold. That is what I felt was important.

**Ms Jackson:** And it was also important, I take it, to correct the elements of the issue that you thought were misleading people.

**Ms S. Murdock:** Mm-hmm.

**Ms Jackson:** In particular, the misleading elements of what Dr Donahue was leading people to believe.

**Ms S. Murdock:** Yes.

**Ms Jackson:** All right.

**Ms S. Murdock:** Well, I mean, if somebody on the phone raised that as a point, yes, I would expect—but if—I mean, people talked to me about it all over the place, and unless they got into a financial discussion, I never did.

**Ms Jackson:** All right. And in that meeting I understand that you did a calculation of Dr Donahue's gross billings.

**Ms S. Murdock:** Yes.

**Ms Jackson:** And you wrote it down?

**Ms S. Murdock:** I used a scrap piece of paper in the office, yes.

**Ms Jackson:** But you did not keep the scrap?

**Ms S. Murdock:** No. We searched for it when you called and asked for all our materials, and no.

**Ms Jackson:** All right. Now, I would like you to explain to the committee as completely as you can how you formulated this calculation of Dr Donahue's gross billings.

**Ms S. Murdock:** Okay, and I know this is important, so I will—I figured—he had already come on radio a number of times and had gone public, saying that he was out of pocket for the past three months, that he was over the threshold, and on that basis, I figured, well, if he was on the underserved area program until the end of June, threshold would not apply. So if he was over the threshold, and this would have been early November, then that meant that he was over \$400,000 by early November, which is—what?—a third of the year, I guess. And I just figured, well, he has to be over \$400,000 and a third of the year, so multiply that by three, and I figured he was around \$1.2 million to \$1.5 million, annual billings to OHIP. That is how I arrived at that one.

**Ms Jackson:** All right. And you explained that calculation to your constituency assistants?

**Ms S. Murdock:** Well, yes, sort of very quickly, just—yes. But I mean, I was just—how I used that was, we were talking about threshold, and as much as I was explaining it, they were not having a clear understanding of it, so I took a piece of paper and said, "Well, like, for instance now," and I went through the whole—that is how, and just ran through it that way.

**Ms Jackson:** But this was a calculation that related to—the basis of it, as you have said, is Dr Donahue's pronounced statements?

**Ms S. Murdock:** Yes, we used him as an example since that was who we were getting all the calls about at that point in time.

**Ms Jackson:** Now, did you do anything further in terms of calculating what Dr Donahue's situation was, having arrived at this gross billing number of \$1.2 million to \$1.5 million?

**Ms S. Murdock:** Yes, we did—or I did. Sorry. I believed in the threshold, and I did not believe it was wrong of any government to put some kind of restrictions on billings that the taxpayers of this province are paying for. As a consequence, I wanted to see how much—talking on a rounded-off kind of basis, because obviously I do not know—you would net or come down to and whether or not it was a fair living. If our threshold was going to really encumber someone, then I might have some sympathy, but if my calculations proved otherwise, then that is the way I worked it. So I subtracted what I thought might be his overhead costs—well, first of all, I worked out the threshold on the \$1.5 million, presuming it was going to be an annual basis from now on—and worked out the \$400,000 and the \$50,000.

**Ms Jackson:** So on the first \$400,000 of his income, he gets \$400,000.



**Ms S. Murdock:** Dollar for dollar.

**Ms Jackson:** On the next \$50,000 of his income, he gets—

**Ms S. Murdock:** He gets two thirds.

**Ms Jackson:** So he gets \$33,000.

**Ms S. Murdock:** Whatever, rounded off. Then from the next \$450,000 right through to the \$1.5 million, he would get one third of that.

**Ms Jackson:** So he gets one third on just over \$1 million.

**Ms S. Murdock:** Yes.

**Ms Jackson:** And that comes out to a total income of about \$800,000.

**Ms S. Murdock:** I guess. If you are calculating that, and that is what you get, yes. I did not—

**Ms Jackson:** Is that what you got?

**Ms S. Murdock:** My memory of it is that, but I do not know. Since I cannot find the paper, I cannot tell you for sure. I only did it once.

**Ms Jackson:** Any further calculations?

**Ms S. Murdock:** Yes. I made an estimate of how much it would cost to run your office, like salaries and overhead, and I think it was around \$500,000.

**Ms Jackson:** The salaries and overhead would be about \$500,000.

**Ms S. Murdock:** Yes, I thought around that. As my memory serves me in the example I gave, that is about what—I was trying to pick round kinds of figures so it would be easy to subtract.

**Ms Jackson:** So that produces a net income?

**Ms S. Murdock:** No. I took off taxes. I mean, you do pay taxes, Canada and the province, so I took off about 40%. I figured it would be around the 40% mark.

**Ms Jackson:** If you take off the overhead and salaries of \$500,000, you are down to \$300,000, and you say you take off taxes on that too.

**Ms S. Murdock:** Well, I do not know, because my memory was that he ended up with a figure of around \$300,000, but I am not sure.

**Ms Jackson:** Now, Mr Waddell's recollection this morning, I think, was that the net income to Dr Donahue as a result of this calculation was in the \$800,000 to \$900,000 range. Is that possible?

**Ms S. Murdock:** No. I do not recall it being that high. Obviously our calculations were different. I was the only one who was writing anything down at that time in the meeting I had, so if his recollection is \$800,000 to \$900,000, that sounds awfully high anyway, but I do not know.

**Ms Jackson:** It certainly might have been considerably higher than \$300,000 at the time you did the calculation. Is that possible?

**Ms S. Murdock:** Considerably higher?

**Ms Jackson:** Yes.

**Ms S. Murdock:** No. I do not—no. My recollection is, it was around the \$300,000 mark.

**Ms Jackson:** After tax.

**Ms S. Murdock:** Mm-hmm.

**Ms Jackson:** All right. And all of this was to—

**Ms S. Murdock:** So whatever—in meeting with you, we have had to focus our minds on meetings that occurred in the past. My recollection is around \$300,000 as the end result, and it is only because of questions you have asked that I have—I mean, that is the kind of thinking I would have done—I think I would have done—in order to arrive at that.

**Ms Jackson:** All right. You remember starting at about \$1.5 million and ending at about \$300,000, and you are not terribly clear about how you got there. Is that fair?

**Ms S. Murdock:** Yes, right. That is fair.

**Ms Jackson:** Okay. And the purpose of all of this was to establish that in fact Dr Donahue was not going to be—

**Ms S. Murdock:** Starving.

**Ms Jackson:** —financially threatened by the threshold or forced into bankruptcy.

**Ms S. Murdock:** Yes.

**Ms Jackson:** And therefore, in dealing with your constituents, your assistants would understand that.

**Ms S. Murdock:** Mm-hmm.

**Ms Jackson:** And indeed might pass it on.

**Ms S. Murdock:** That was never discussed. It was only used as an example, based on the information Dr Donahue had already provided.

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**Ms Jackson:** But it was your best assessment of what the impact on Dr Donahue would be, right?

**Ms S. Murdock:** Mm-hmm.

**Ms Jackson:** The purpose of making that assessment of impact was to be able to respond to constituents who said you are driving this man out. Is that not right?

**Ms S. Murdock:** Yes. My understanding was that the questions that were coming were, yes, "Dr Donahue, we do not want him to go." I did not want him to go either, so we are of the same mind in that respect. When they were saying we were driving him to bankruptcy, I think that then, yes, I wanted my staff to understand how the threshold worked in terms of explaining that to the constituents who they would have a better understanding of what this threshold meant.

**Ms Jackson:** And in particular how it would work in relation to the issue they were raising, namely Dr Donahue.

**Ms S. Murdock:** The issue was Dr Donahue, yes. Some of them started calling in on their heart doctors. I would say the cardiovasculars and Dr Donahue were the two biggies in the issue.

**Ms Jackson:** So this calculation is the response to those who were calling about Dr Donahue, not cardiologists.

**Ms S. Murdock:** Yes. At that point in time, the meeting was a result of Dr Donahue's announcement that he was going to close up shop.

**Ms Jackson:** All right. As we see in the telephone records for a period of time after November 8, which is when this meeting probably was—

**Ms S. Murdock:** My recollection is it was around there, yes.

**Ms Jackson:** —you continued to get a large number of telephone calls—

**Ms S. Murdock:** Oh, yes.

**Ms Jackson:** —about Dr Donahue.

**Ms S. Murdock:** Continued.

**Ms Jackson:** So it would not surprise you if the response by your constituency assistants to those telephone calls was along the lines of, "This is a man who is billing gross billings of about \$1.5 million and clearing as much as \$300,000."

**Ms S. Murdock:** I do not know if they used the figures. I heard Bob this morning, obviously, and he did, but—yes.

**Ms Jackson:** It would not surprise you, after that meeting, if that is what happened.

**Ms S. Murdock:** No. I did not instruct them not to say it; that is true.

**Ms Jackson:** And you never inquired as to what they were saying.

**Ms S. Murdock:** Anybody who was reading newspapers or listening to the radio, with the exception of anyone having an understanding of the underserved area program, could have made the same kinds of calculations, so I do not think it was untoward for them to do that.

**Ms Jackson:** Therefore you did not make inquiries.

**Ms S. Murdock:** No. Right.

**Ms Jackson:** Now, you have indicated that one of the reasons you did this was that you wanted to know what was the effect of the threshold on Dr Donahue.

**Ms S. Murdock:** Yes.

**Ms Jackson:** And the result of it is that you assumed he is still financially solid. May I put it that way?

**Ms S. Murdock:** Mm-hmm.

**Ms Jackson:** Is it fair that the conclusion from that would be that he does not probably need a further exemption from the threshold?

**Ms S. Murdock:** No. I do not think that is a—

**Ms Jackson:** In any event, knowing to what extent he is affected by the threshold is something you presumably felt you needed to know to help formulate your own view of the appropriate policy here. Is that right?

**Ms S. Murdock:** To help form my own view of policy?

**Ms Jackson:** Of the appropriate policy for dealing with Dr Donahue.

**Ms S. Murdock:** I see what you are saying. Okay. I did not believe, and I told my staff this, that the threshold was the real issue. The cutting off of epilation was more at issue, and since Dr Donahue himself was using threshold as the argument for why he was going to have to close up his doors, we had to explain that the threshold was not the

cause of his closure, if he chose to close. That was the reason for the meeting.

**Ms Jackson:** So it does help you formulate what you think is the appropriate policy issue—

**Ms S. Murdock:** Yes.

**Ms Jackson:** —in respect of Dr Donahue; namely, you do not think he has a threshold problem.

**Ms S. Murdock:** That is right.

**Ms Jackson:** It also is important for you in assessing not only what policy position to take but how to respond to your constituents on the policy issue.

**Ms S. Murdock:** Yes.

**Ms Jackson:** You would agree, would you not, that in both areas, determining the appropriate policy response and dealing with your constituents, it would be better to know what his actual situation was than to guess?

**Ms S. Murdock:** The information we were using was from him, so I did not think he was saying that what was not there was not there.

**Ms Jackson:** But you would agree, as a general proposition at least, it would be better to know than to guess?

**Ms S. Murdock:** Well, we could not know.

**Ms Jackson:** Why not?

**Ms S. Murdock:** First of all, unless he was going to tell me—I mean, we could not get it through the Ministry of Health. I knew that. I would never even have thought of asking. It never even rose up in my mind. That issue never arose because Dr Donahue put it on the media himself. He told us what his figures were. I have only found out from Dr Donahue himself, or at least the reporting of what Dr Donahue has said was that he owes \$129,000 to his bank and he is going to owe, after the next payroll, \$150,000; that he has been paying out of his own pocket for the last three months; that he is over threshold; that he needs \$800,000 to \$1 million a year for operating costs. I did not get this out of my own head or from any other source except Dr Donahue himself.

**Ms Jackson:** First of all, if he was reported correctly.

**Ms S. Murdock:** If, and I did preface my remarks with that comment.

**Ms Jackson:** Secondly, if you have the right date for the underserved area program.

**Ms S. Murdock:** Pardon?

**Ms Jackson:** If you have the right date for the underserved area program.

**Ms S. Murdock:** In relation to?

**Ms Jackson:** Dr Donahue.

**Ms S. Murdock:** No, I realize in relation to Dr Donahue, but in relation to?

**Ms Jackson:** The calculation that you did depended on assuming he came off the underserved area program at the end of June.

**Ms S. Murdock:** No, it did not. That calculation was an annual calculation once threshold was in place, so it is irrelevant.



**Ms Jackson:** You started by saying that you assumed he had made \$400,000 over the period since he came off the underserviced area program, which you thought was the end of June.

**Ms S. Murdock:** No. If I left you with that impression, that is wrong. He was saying that he was over threshold and obviously therefore over \$400,000 at that point in time, and that he was doing that in a quarter of the year or a third of the year, and then if you multiplied that by three, I took an annual figure of about \$1.5 million. It had nothing to do with whether he was on the underserviced area program at all. It was Dr Donahue because he was the issue, but I was using it as an annual figure to show threshold. It had nothing to do with Dr Donahue on a personal level and in regard to his own first third of the year being on the underserviced area program.

**Ms Jackson:** You would go this far with me, would you not? It would be best to know, in determining the impact of the threshold on Dr Donahue, to know when he comes off the underserviced area program, right?

**Ms S. Murdock:** For the calculation I used or just generally speaking?

**Ms Jackson:** In terms of trying to assess the impact on him of the threshold.

**Ms S. Murdock:** You see, that was not—

**Ms Jackson:** One example being that if he happened to be on the underserviced area program until the end of December, that would tell you a lot about the impact on him of the threshold.

**Ms S. Murdock:** Yes, but for the purposes of that meeting, that is not how I calculated that.

**Ms Jackson:** If you were wrong on that, you would be wrong on the impact of the threshold?

**Ms S. Murdock:** Yes.

**Ms Jackson:** If he is on the underserviced area program until the end of December, your calculation of the impact on him of the threshold is all wet, is it not?

**Ms S. Murdock:** Well, he probably would not have been making it an issue, because it would not have hit him.

**Ms Jackson:** If he had understood it.

**Ms S. Murdock:** Yes. I think he understood.

**Ms Jackson:** If you had exact information as to his billings by month and you knew what those really were, you would be better off in terms of calculating the impact on him of the threshold, would you not?

**Ms S. Murdock:** If I knew his billings by month?

**Ms Jackson:** Yes.

**Ms S. Murdock:** Well, yes, I guess that makes good sense.

**Ms Jackson:** And if you knew how much of his billings were epilation billings, you would know how much of his income was really part of the threshold?

**Ms S. Murdock:** No, because epilation would not have been under threshold.

**Ms Jackson:** If half of his annual income, for example, was epilation—in your calculation, you assume all of his income is subject to the threshold.

**Ms S. Murdock:** Yes.

**Ms Jackson:** If half of his income in fact is epilation, that tells you a lot about the impact on him of the threshold, does it not?

**Ms S. Murdock:** No. I was not even looking at epilation at that point in time. I figured November 15, he was not getting it anyway. Do you know what I mean? It was just an example that was simply used, as any doctor, but we used him as an example in terms of number of staff and all that kind of thing.

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**Ms Jackson:** Maybe we can shorten this. It is an example that makes a number of assumptions, is it not?

**Ms S. Murdock:** Oh, sure.

**Ms Jackson:** It would be a better—

**Ms S. Murdock:** I mean, Dr Donahue did not provide me with all of this.

**Ms Jackson:** I understand that, and that is why you made the assumptions.

**Ms S. Murdock:** Right.

**Ms Jackson:** You would get a better idea of the impact of the threshold on him if you knew what his actual situation was?

**Ms S. Murdock:** Oh, sure, yes.

**Ms Jackson:** Okay. And you did not ask the Ministry of Health what his actual situation was because you knew you could not get that information.

**Ms S. Murdock:** It never entered my head to even think about calling them.

**Ms Jackson:** You knew you could not get that information.

**Ms S. Murdock:** Yes.

**Ms Jackson:** Did you know that Mr Laughren's office had been attempting to obtain information on Dr Donahue's—as they put it—"actual position"?

**Ms S. Murdock:** No.

**Ms Jackson:** I had showed you just at noonhour, and I would ask you to look at it again, exhibit 49.

**Ms S. Murdock:** Yes.

**Ms Jackson:** That is where I take that request from. You did not see this document, as I understand it.

**Ms S. Murdock:** No.

**Ms Jackson:** Did you discuss with anyone in Mr Laughren's office what they were trying to do in terms of obtaining information on Dr Donahue?

**Ms S. Murdock:** No.

**Ms Jackson:** Are you able to help us in understanding, given that Shelley Martel is taking the lead on this issue, why Mr Laughren's office would be pressing to get information on Dr Donahue?

**Ms S. Murdock:** The only thing I can see is that this memo is from Betty Notar—I am strictly making a

presumption here—who is EA to the Treasurer. The agreement we had in terms of a lead in the constituency was done from the three constituencies, so maybe his Toronto staff did not know that. I do not know that; you would have to ask them.

**Ms Jackson:** Did you ever take any steps to check the accuracy of the estimated calculation you did on Dr Donahue?

**Ms S. Murdock:** No. I made that calculation in that meeting and I never referred to it again.

**Ms Jackson:** I understand the only time you ever had a conversation specifically with a staff member about what they were saying about Dr Donahue's billings came after the article that was by Mr Donovan in the Star.

**Ms S. Murdock:** That is right.

**Ms Jackson:** We perhaps should turn that up.

**Ms S. Murdock:** I have it in the file.

**Ms Jackson:** I should be able to give everybody the exhibit number, though. Just let me see if I can find it—exhibit 21. That is the article that indicates near the end:

"In one instance a Sudbury man, who does not want his identity revealed, telephoned the office of Sudbury MPP Sharon Murdock to voice his displeasure that Donahue had been forced to close his office. An unidentified aide in Murdock's office responded: 'Don't worry about him. He billed \$200,000 for epilation last year.'"

**Ms S. Murdock:** Mm-hmm.

**Ms Jackson:** Did you discuss that with anyone on your staff or in your constituency office?

**Ms S. Murdock:** I was called at 9:15 on the Sunday morning to advise me that this was in the paper, and assuming that since Bob does most of my outreach—Bob Waddell, that is—he was probably the one who had been spoken to about it, I called and asked him if he said it.

**Ms Jackson:** He said yes?

**Ms S. Murdock:** No, he did not say it that way, but he thinks he was the unidentified person. It is not the greatest, most reliable source of reporting here when an unidentified person is talking to unidentified persons.

**Ms Jackson:** Did he confirm that was the general statement he provided, perhaps not in those words, but that is the general—

**Ms S. Murdock:** No, he said he did not say that. He said that if \$200,000 was used for epilation, then it could not be used for other medical services, or something along that line. That is what he told me on the phone.

**Ms Jackson:** You heard this morning that he said he might well have said or been understood to say that Dr Donahue was billing \$200,000 for epilation.

**Ms S. Murdock:** Frankly, and it was only this morning, I cannot recall.

**Ms Jackson:** All right. Well, he said what he said; I will not trouble you to take you back to that. Did you have any comment on the propriety of that when you heard it?

**Ms S. Murdock:** No. I just wanted to confirm whether he had said that or something different and whether it was him or not, because I do have two other

people. I only have the one man in the office, but there was no indication in that paragraph whether it was a male or a female that the person had spoken to, so I just wanted to confirm that it was him or one of the others.

**Ms Jackson:** Have you ever made inquiries about what your other constituency assistants were saying about Dr Donahue's billings?

**Ms S. Murdock:** Since this article?

**Ms Jackson:** Yes.

**Ms S. Murdock:** Yes, I did. They did not feel as comfortable with the figures, so they were not using figures particularly. And, you know—

**Ms Jackson:** Have you ever spoken to Dr Donahue?

**Ms S. Murdock:** Other than when I went to him as a dermatologist?

**Ms Jackson:** Yes, other than that.

**Ms S. Murdock:** Just in the airport one time, about a year and a half or so ago. Other than that, no, not on this issue.

**Ms Jackson:** Have you ever spoken to anyone in Mr Laughren's office about this issue?

**Ms S. Murdock:** No.

**Ms Jackson:** Have you ever spoken to Mr Laughren about Dr Donahue?

**Ms S. Murdock:** Well, Shelley, Floyd and I used to have quick little scrums before question period whenever we had to on a—like when the cardiovascular meeting was coming up and that kind of thing, yes.

**Ms Jackson:** I will come back to the cardiovascular meeting. Any conversation with Ms Martel's office about Dr Donahue?

**Ms S. Murdock:** No.

**Ms Jackson:** Now, there was a meeting on November 15 at which some local MPPs and Dr Donahue were in attendance in Sudbury. Were you there?

**Ms S. Murdock:** No.

**Ms Jackson:** Did you know the meeting was going to take place?

**Ms S. Murdock:** Yes.

**Ms Jackson:** Did you know that Dr Donahue was going to be there?

**Ms S. Murdock:** Yes.

**Ms Jackson:** And what were you told afterwards about the meeting?

**Ms S. Murdock:** Just that it had gone as expected.

**Ms Jackson:** Which meant what?

**Ms S. Murdock:** To me? What it meant was it was complaints about how the government of the day was sending doctors to the States.

**Ms Jackson:** And in particular, Dr Donahue?

**Ms S. Murdock:** Dr Donahue was the main focus of that November 15 meeting, as I recall.

**Ms Jackson:** Can I ask you to turn to exhibit 36, and in it an article on November 29 which is about eight pages



in from the back. That is the Sudbury Star article of November 29. You have seen that before?

**Ms S. Murdock:** Yes, I am pretty sure I have.

**Ms Jackson:** This is the one that includes statements like, "Donahue estimates that he needs a billing allowance equal to two or two and a half times the \$400,000 cap or \$800,000 to \$1 million."

**Ms S. Murdock:** Yes.

**Ms Jackson:** Did you see that—November 29 would be a Friday. Did you see that on the Friday?

**Ms S. Murdock:** I saw everything. My staff were cutting the clippings out for me, so even though I was not there during the week, when I came in on Fridays I had my reading for the weekend. I do get the Sudbury Star here in Toronto, but it is usually about two days behind. So I was reading the articles, yes.

**Ms Jackson:** On this occasion, you were up in Sudbury on November 30, were you not?

**Ms S. Murdock:** Yes.

**Ms Jackson:** So you saw this before—

**Ms S. Murdock:** Yes, I saw it Friday night.

**Ms Jackson:** And Saturday morning you and Ms Martel and Mr Laughren met with the cardiologists?

**Ms S. Murdock:** Yes, and John Rodriguez, yes.

**Ms Jackson:** And before you met with the cardiologists you had a breakfast meeting?

**Ms S. Murdock:** Yes.

**Ms Jackson:** With, among others, Dr MacMillan, Dr LeBlanc and someone else from the ministry?

**Ms S. Murdock:** Yes.

**Ms Jackson:** And I understand that—

**Ms S. Murdock:** Well, Floyd did not come till quite late. I was a little late, too, but I—it started at 8 and I might have arrived at 5 or 10 after, but Floyd did not arrive until around nine-ish.

**Ms Jackson:** This meeting takes place with you all sitting around a breakfast table.

**Ms S. Murdock:** Mm-hmm.

**Ms Jackson:** And as I understand it, your recollection is that you were sitting across from John Rodriguez who was there also?

**Ms S. Murdock:** Yes.

**Ms Jackson:** To your right was Shelley Martel?

**Ms S. Murdock:** Yes.

**Ms Jackson:** Across from her was Dr MacMillan?

**Ms S. Murdock:** Yes.

**Ms Jackson:** To Shelley Martel's right was Dr LeBlanc?

**Ms S. Murdock:** Yes.

**Ms Jackson:** To your left was the man from the ministry?

**Ms S. Murdock:** Yes.

**Ms Jackson:** And when Mr Laughren arrived he sat opposite the man from the ministry?

**Ms S. Murdock:** Yes.

**Ms Jackson:** And at the end was Mr Wood, Mr Laughren's assistant?

**Ms S. Murdock:** Right.

**Ms Jackson:** Both Mr Laughren and Mr Wood arriving very late at the end?

**Ms S. Murdock:** Yes.

**Ms Jackson:** Do you recall any discussion that arose from this newspaper article of November 29?

**Ms S. Murdock:** No. I know you asked me this before. I do not recall this at all. I do not recall discussing it to any great length at that particular meeting.

**Ms Jackson:** Do you recall a discussion about procedures for reviewing billings within the ministry?

**Ms S. Murdock:** Yes. That is because I asked a question. yes.

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**Ms Jackson:** Was that question prompted in any way by this article the previous day?

**Ms S. Murdock:** Well, if I do not remember the article, I do not think it was. But it could have been part of their discussion. I do not remember the article being discussed to initiate a discussion on review procedures.

**Ms Jackson:** What was the question you asked?

**Ms S. Murdock:** I wanted to know what triggered Dr MacMillan's—I do not know what the word would be—mind to have a file reviewed. Like, what would make him or cause him to look at a file? I mean, he gets—there are 20,000 doctors in the province. I could not imagine that he would be going through on a monthly basis every single one of the 20,000. You know, something had to—or the computer would have to be programmed to twig on to something, and I wanted to know how that worked.

**Ms Jackson:** Did you already know that there was a review procedure?

**Ms S. Murdock:** No, no. I thought MacMillan did it. That is why I asked him. I figured he is the director in Kingston and he is in charge of all these records and these files and he would know.

**Ms Jackson:** Does he ever do anything to review the billings? Is that the question?

**Ms S. Murdock:** Pardon?

**Ms Jackson:** Is your question, did he ever do anything to review the billings?

**Ms S. Murdock:** No, my question was, what caused him to look at a file, you know, in comparison to not looking at a file.

**Ms Jackson:** All right. And what did he tell you?

**Ms S. Murdock:** Well, he said it was a number of things, that sometimes you would look at if there was a sudden increase from one year's billing to the next year's billing, or if there were the same kind of tests being done—a large number of the same kinds of tests suddenly being done—or if there was the same patient number being used all the time. I do not know exactly all the inner workings, but there were a number of things that triggered him to look at a file.

**Ms Jackson:** And did he describe what happened when he looked at such a file, and what the review procedure was?

**Ms S. Murdock:** Yes, because I then said: "Well, what happens if you look at something? What's the procedure then?" So he told me that there was this review committee in place.

**Ms Jackson:** At the College of Physicians and Surgeons?

**Ms S. Murdock:** Mm-hmm.

He would send over the file, or the doctor who was—who he had suspicions of, or whatever. And then they would—and it was left to them. He said quite proudly that he thought—my recollection is that it was about 70% of the files that were sent over were found either that an error was made or whatever, but that his suspicions were correct.

**Ms Jackson:** Was there any discussion of Dr Donahue in the context of this description of the review process?

**Ms S. Murdock:** No.

**Ms Jackson:** Was there any connection in your mind?

**Ms S. Murdock:** Not consciously, I do not think, no.

**Ms Jackson:** Do you know if Ms Martel was part of this discussion of what a review process was?

**Ms S. Murdock:** There were a number of us at the table, and there were a number of conversations going on at different times. Like, John had to be explained the whole underserviced, I am sorry, the whole threshold issue had to be explained to John Rodriguez because he had no idea what it meant. So I know that conversation was going on, and I did not bother listening to that one. I got into a conversation with Eugene.

**Ms Jackson:** So you are having a conversation with Dr MacMillan, who is diagonally across from you, about review procedures, while Ms Martel is beside you.

**Ms S. Murdock:** Yes.

**Ms Jackson:** So the only way she would not have been a part of that conversation was if she was talking to Dr LeBlanc.

**Ms S. Murdock:** Yes, but mind you, my memory of that morning was that there were conversations going across and back, because I know that John and Eugene, at one point, were having a conversation, and MacMillan and I were having a conversation, and that was at cross-purposes, too. I mean—

**Ms Jackson:** Do you recall any conversation that morning about Dr Donahue?

**Ms S. Murdock:** We must have. I mean, it just makes sense that we must have, but I do not recall it. It would not have been anything different than we had discussed before.

**Ms Jackson:** And at that point—you have told us already that with Ms Martel you had discussed whether he was on the underserviced area program.

**Ms S. Murdock:** Mm-hmm.

**Ms Jackson:** Had you discussed with her anything else about Dr Donahue by then?

**Ms S. Murdock:** No. Our conversation in that breakfast meeting was mainly on the cardiovasculars, particularly with John there, because he had had—

**Ms Jackson:** I am sorry. I am saying, as of that time when you went into that breakfast meeting had you discussed with Ms Martel anything about Dr Donahue, other than the fact that he was on the underserviced area program?

**Ms S. Murdock:** Well, that we both were in agreement that the threshold did not affect him. I mean, we had discussed our policy of threshold in the agreement in relation to Dr Donahue and whether Floyd, Shelley or I thought that it did affect him, or had an effect, to the degree that he was describing—and those kinds of conversations, but no.

**Ms Jackson:** Did you describe your calculation of the effect on him?

**Ms S. Murdock:** No, never. I never did discuss it with anyone other than, as an example, in my office.

**Ms Jackson:** You have indicated you thought that it was not a threshold issue; it was an epilation issue. Was there discussion of that among you and Mr Laughren as well?

**Ms S. Murdock:** Yes. I mean, we were in agreement with that too. You do not have to discuss those kinds of things that you are in agreement on. Do you know what I mean?

**Ms Jackson:** Did you discuss anything else that you can recall about Dr Donahue?

**Ms S. Murdock:** No.

**Ms Jackson:** After the breakfast meeting you went on to a meeting with the cardiologists. Was there any discussion of Dr Donahue then?

**Ms S. Murdock:** I do not recall any. It was a long meeting. It went from 9:30 to about 12:30 and most of it was taken up by the cardiovascular surgeons and the cardiologists themselves explaining how their outreach programs worked, and trying to get us to understand how they would like us to bill, or allow them to bill, and we had a slide presentation by the director of the hospital. I mean, it was focused very much on the cardiovascular.

**Ms Jackson:** All right. We have heard some evidence that after the meeting Dr MacMillan and Ms Martel, at least, and I think Dr LeBlanc, had lunch together briefly. Were you there?

**Ms S. Murdock:** No. I was being an artist.

**Ms Jackson:** Did you have any other discussion with anyone about Dr Donahue that day?

**Ms S. Murdock:** No.

**Ms Jackson:** Then I understand that after that you were ill, and in fact in bed for most of the week until the December 5 meeting with the doctors.

**Ms S. Murdock:** Yes.

**Ms Jackson:** But you did attend the doctors' meeting.

**Ms S. Murdock:** Oh, yes.

**Ms Jackson:** Now you have provided from your file a copy of something called the Sudbury trip checklist. I would ask if we could distribute that and put it in front of you.

**The Chair:** That will be marked as exhibit 87.



**Ms Jackson:** This is a document that you first saw when, Ms Murdock?

**Ms S. Murdock:** Sunday afternoon in your office.

**Ms Jackson:** Well, so that we are clear on it, you provided it to us.

**Ms S. Murdock:** Oh, yes, for sure. When we got the letter for me to attend here, I just phoned my staff in Sudbury and said, "Pack up the doctors' file and send it off to Tory Tory," and that is what they did, and this was included.

**Ms Jackson:** Are you able to assist the committee at all as to what this document is?

**Ms S. Murdock:** Yes. Well, I did check on it. You did ask me to check on it, so I did. But again, this is not firsthand information. The writing, as I identified on Sunday, is definitely from my executive assistant at Labour, Alan Ernst, and this was a meeting he had attended on, I believe, December 3 in regard to the contents of the media package that was going to be distributed at the December 5 meeting.

**Ms Jackson:** Who was the meeting with?

**Ms S. Murdock:** Hmm. Well, the document you showed me had the names of three people on the top, but I have no idea who was at that meeting. I believe—well, I should not say that. Alan of course was there, Nuala Doherty, David Sword and Larry Corea, or whatever his last name is.

**Ms Jackson:** And that was to prepare for the December 5 meeting and the media pack?

**Ms S. Murdock:** What he told me was that this was a checklist as to what was going to be the contents of the media kit, the package that was going to be distributed, that this is what they had a meeting about, to discuss this, whether this was going to go into the meeting or whether it was not going to go.

**Ms Jackson:** Under the heading "Intelligence"—the notes on this are Mr Ernst's, are they?

**Ms S. Murdock:** They are, and I did check that word because we were having difficulty reading it and it is "scour."

**Ms Jackson:** Next to the words, "Donahue—details of practise in media—analysis," he has written "scour his version."

**Ms S. Murdock:** Right.

1530

**Ms Jackson:** What does that mean? Did you ask Mr Ernst?

**Ms S. Murdock:** Yes, I did ask him. He said that—well, you know, this is so difficult. Just that it was since the media certainly was prevalent with Dr Donahue's version of the threshold, we were going to have to really explain that and clear up any misconceptions of Dr Donahue's version of the threshold issue.

**Ms Jackson:** And there is a note there that says "analysis." Did he tell you what analysis that referred to?

**Ms S. Murdock:** No.

**Ms Jackson:** On the second page there is a note about the underserved area program, and we know that a list of the underserved area program participants found its way into the media package that has been marked in these proceedings as exhibit 8. Could you turn that up for a minute?

**Ms S. Murdock:** Exhibit—

**Ms Jackson:** Eight.

**Ms S. Murdock:** Any particular part?

**Ms Jackson:** Yes, the list of specialists on the underserved area program, which you will find about two thirds of the way in.

**Ms S. Murdock:** Right.

**Ms Jackson:** You have seen that list before?

**Ms S. Murdock:** No. I did not look at the kit until afterwards. I knew it was there, but I did not pay any attention to it.

**Ms Jackson:** Were you ever given any information as to the specific dates on which Dr Donahue joined the underserved area program, apart from the information you had had from Ms Martel about June?

**Ms S. Murdock:** No, my understanding was it was the end of June. This says it is the end of August.

**Ms Jackson:** Under the heading "Other" on page 2, are you able from your conversation with Mr Ernst to give us any assistance as to what these items refer to?

**Ms S. Murdock:** No, I did not ask him for any of that.

**Ms Jackson:** All right. You referred to a document that I showed you with people's names on it. That would be exhibit 63.

**Ms S. Murdock:** Okay, one second here. Yes, right.

**Ms Jackson:** Are you able to say, was this generated as a result of this meeting on December 3?

**Ms S. Murdock:** I am not able to say.

**Ms Jackson:** All right. Did Mr Ernst pass any of the information from this meeting on to you prior to your attending the meeting in Sudbury on December 5?

**Ms S. Murdock:** Well, he said he called me. I had that flu that was going around in December and I have no recollection whatsoever that I even spoke to anyone on the phone for about four days, but he says I did. I do not remember it at all.

**Ms Jackson:** Did he say what he told you?

**Ms S. Murdock:** Just that they were going to be sending a media package up, he said, and that he had attended this meeting, but I do not remember that even.

**Ms Jackson:** Did you ask him whether he received any information about Dr Donahue's practice at this meeting?

**Ms S. Murdock:** I asked nothing. I was quite perturbed that anyone would even call me at home when I was that ill, so—

**Ms Jackson:** No, I am sorry, when you were talking about this as a result of my inquiries to you.

**Ms S. Murdock:** Oh, yesterday, no.

**Ms Jackson:** I think, in view of the time remaining for the committee, I am going to ask you to make those

inquiries, because it may be difficult to have Mr Ernst here himself. Could you inquire of him—

**Ms S. Murdock:** Yes.

**Ms Jackson:** —what information, if any, he learned in this meeting, or in any discussions with Ms Doherty or Mr Sword—

**Ms S. Murdock:** Regarding Dr Donahue?

**Ms Jackson:** —or Mr Corea, regarding Dr Donahue's practice?

**Ms S. Murdock:** Okay.

**Ms Jackson:** And if he did receive any information, what information he received and where he understood it came from.

**Ms S. Murdock:** Okay.

**Ms Jackson:** If you could let me know that through your counsel, I can put it before the committee.

**Ms S. Murdock:** Yes. I am sure he is watching as we speak, so we can get that done.

**Ms Jackson:** He can start on it early.

**Ms S. Murdock:** Yes.

**Ms Jackson:** Would you also ask him if he recalls whether he passed any such information on to you? I take it you do not recall because you were ill.

December 5 you attended the doctors' meeting of which we have heard quite a bit already.

**Ms S. Murdock:** Yes.

**Ms Jackson:** Did you learn anything about the threshold agreement that you did not know before?

**Ms S. Murdock:** Yes, I did.

**Ms Jackson:** What was that?

**Ms S. Murdock:** Well, actually two things. One was that the threshold did not kick in until after technical fees were subtracted, which I had not realized until Michael Decter explained that at his portion of the meeting. And then when Michael Decter was speaking, one of the people from the audience yelled out about knowing doctors' overhead costs and how much would you calculate those to be, and Mr Decter explained that he could not know that because overhead costs were an expense that the doctors would know, and then the editor of the Sudbury Star yelled out, "You mean to say you make a decision without knowing what the overhead costs were?" Michael Decter said, "Well, actually, as a rule of thumb, the technical fees are usually 40% of gross billings and overhead costs work out to be about 40%," so except in the cases of GPs, this was a rule of thumb that they used. That was news to me, which meant then in my mind—I presume you are going to ask me what it meant. You want me to go on?

**Ms Jackson:** Well, all right, what does that mean to you?

**Ms S. Murdock:** In my mind it suddenly struck me then that the costs, the technical fees, which were not under threshold, would cover overhead costs in most offices of specialists, and then that really reinforced my feeling that the threshold system was the correct one to go.

**Ms Jackson:** And it also indicated that one of the assumptions underlying your calculation of the impact of the threshold on Dr Donahue was wrong.

**Ms S. Murdock:** Say this again? Sorry?

**Ms Jackson:** It indicated that one of the assumptions upon which you calculated the impact of the threshold on Dr Donahue was wrong.

**Ms S. Murdock:** Mm-hmm, but it actually would have assisted my argument.

**Ms Jackson:** It would have changed the financial impact for him.

**Ms S. Murdock:** Mm-hmm.

**Ms Jackson:** Dr Donahue was at the December 5 meeting?

**Ms S. Murdock:** Yes.

**Ms Jackson:** Do you recall learning anything more about his situation or practice beyond what you had already known?

**Ms S. Murdock:** No.

**Ms Jackson:** After the meeting, I understand that people repaired to the bar, to some extent to lick their wounds from the meeting?

**Ms S. Murdock:** Yep. Actually, the meeting from a political point of view was not nearly in my view as bad as the bureaucrats thought it was. I mean, it could have been much, much worse, in my view, so it was not all that bad.

**Ms Jackson:** In any event, you repaired to the bar?

**Ms S. Murdock:** Yes, we sure did.

**Ms Jackson:** Do you recall if there was any discussion about Dr Donahue then?

**Ms S. Murdock:** No. No, we talked about the meeting and what we had to do to get people to understand about the threshold, because it was pretty evident even from the meeting that we still did not have people understanding how the threshold worked, like, the actual methodology of the threshold.

**Ms Jackson:** I want to just review with you as of that date, December 5, what you knew about Dr Donahue from what you had read and accumulated.

**Ms S. Murdock:** On December 5?

**Ms Jackson:** Yes. You knew he was a dermatologist.

**Ms S. Murdock:** Oh, sure.

**Ms Jackson:** And you knew he did electrolysis.

**Ms S. Murdock:** Yes.

**Ms Jackson:** Did you know how much?

**Ms S. Murdock:** No. Well—

**Ms Jackson:** Did you make an estimate of how much?

**Ms S. Murdock:** You mean in terms of a percentage of his practice?

**Ms Jackson:** Yes.

**Ms S. Murdock:** No, I never did that. I had heard—I mean, you have got to understand the situation in Sudbury at the time, which was you could not go anywhere without it being discussed. I mean, this was the hot issue, doctors leaving Sudbury after we fight so hard to get our specialists.



So at some function, a dinner function I was at, someone at the table that I was sitting at said that Dr Donahue had five electrologists, and I heard Bob say nine, so rumours were running rampant in the city. I mean, everybody had versions of everything.

**Ms Jackson:** On the basis of five electrologists, had you made an assumption about the amount of electrolysis work he was doing?

**Ms S. Murdock:** Mm-hmm. I had.

**Ms Jackson:** Which was what?

**Ms S. Murdock:** I figured that the epilation portion of his practice had to amount to about \$400,000 to \$500,000 annually.

**Ms Jackson:** And had you come to a conclusion about whether your \$1.5-million gross billing number was on the money, as it were, or whether it was conservative or whether it was—

**Ms S. Murdock:** It was conservative. In my view? I thought the \$1.5 million was quite conservative.

**Ms Jackson:** Any information about other practice areas of Dr Donahue besides dermatology?

**Ms S. Murdock:** Well, I knew he did the skin cancer. I mean, anything that had to do with dermatology I assumed he was doing. With a catchment area of 500,000 to 600,000 people in northern Ontario, the man would hardly have time to do anything else but dermatology.

1540

**Ms Jackson:** You share an apartment in Sudbury with Andrea Valentini?

**Ms S. Murdock:** That is correct.

**Ms Jackson:** And she is an assistant to Ms Martel?

**Ms S. Murdock:** Yes.

**Ms Jackson:** Have you discussed Dr Donahue with her?

**Ms S. Murdock:** In terms of when the newspapers and TV and so on, yes.

**Ms Jackson:** When he is in the media you have discussed him.

**Ms S. Murdock:** Yes. While you are sitting in the living room and he comes on television, yes, you discuss him.

**Ms Jackson:** Have you ever talked with her about the level of his gross billings?

**Ms S. Murdock:** No.

**Ms Jackson:** Of the amount of epilation he does?

**Ms S. Murdock:** I probably discussed the epilation aspect, or at least when on one of my—it would not have been a discussion; it would have been me pontificating.

**Ms Jackson:** That he does a lot of epilation?

**Ms S. Murdock:** Pardon?

**Ms Jackson:** That he did a lot of epilation?

**Ms S. Murdock:** Yes.

**Ms Jackson:** And did you ever discuss with her your estimate of his billings?

**Ms S. Murdock:** Not to my recollection.

**Ms Jackson:** Did she give you any information about Dr Donahue?

**Ms S. Murdock:** No.

**Ms Jackson:** Do you know if she was responsible for dealing with this issue for Ms Martel?

**Ms S. Murdock:** She would not have been. She deals with Miss Martel as the Minister of Northern Development and does not really handle any of the constituency issues.

**Ms Jackson:** When did you first hear of the Thunder Bay incident involving Ms Martel?

**Ms S. Murdock:** Question period on Monday.

**Ms Jackson:** December 9?

**Ms S. Murdock:** Yes.

**Ms Jackson:** And later that day you were asked to join a meeting of the northern MPPs to discuss the underserved area program issues?

**Ms S. Murdock:** Yes. Well, okay, after the December 5 meeting on the Friday night, Eugene had stayed in town all day Friday and had met with doctors, and I had met with Doctor Hollingsworth, Dr de Blacam, Eugene, Mark Mieto and myself, and we had discussed the underserved area program and how we could alter it or work out an agreement to change the situation for underserved areas. They had discussed it in all-day meetings and again the next day and had worked out something, which Eugene then felt he had to bring back to the minister and look at, and then of course they would still have to discuss it with OMA. So this meeting on Monday was in relation to that information and what Eugene's feel of the OMA had been.

**Ms Jackson:** Did some of those people congregate for that meeting?

**Ms S. Murdock:** Some of which people?

**Ms Jackson:** The people who were to meet to discuss this?

**Ms S. Murdock:** Well, Floyd, Shelley and I were told—I got the message in the House, I guess, that day that I was to be at this meeting at 6:30 in the room outside the cabinet room. I was sitting on leg/regs, so I left the resources development committee to go to leg regs and then left there to go to this meeting. Shelley, Floyd and I were supposed to be there. Floyd never came. And Frances was supposed to be there, and Frances was chairing P and P, so she could not come out. So we had Sue Colley, Shelley Martel, who showed up late, me, Michael Decter and Eugene LeBlanc.

**Ms Jackson:** Was there any discussion of the Thunder Bay incident?

**Ms S. Murdock:** No. We discussed the underserved program.

**Ms Jackson:** You heard Ms Martel's explanation of the incident in the House on Monday and again on Tuesday?

**Ms S. Murdock:** Yes.

**Ms Jackson:** Did you become concerned about that explanation?

**Ms S. Murdock:** Concerned?

**Ms Jackson:** Yes.

**Ms S. Murdock:** No.

**Ms Jackson:** Is there anything about it that struck you as unusual?



**Ms S. Murdock:** Shelley's demeanour was somewhat different than she would normally be.

**Ms Jackson:** Anything else?

**Ms S. Murdock:** No.

**Ms Jackson:** Did you talk to her about her explanation?

**Ms S. Murdock:** Yes. On—well, the first day I did not really take it seriously. I mean, it was from the opposition and I did not think it was real. On Tuesday, when Shelley continued—

**Mr Elston:** That tells us a lot.

**Ms S. Murdock:** Well, sorry, but that is the reality of this. So on Tuesday, when Shelley continued being very humble and quiet—

**Mr Harnick:** Disdain for the system.

**The Chair:** Order.

**Ms S. Murdock:** —I took it more seriously. I do not remember if it was the Tuesday that I got to talk to her, because as soon as she got out of question period her staff went to talk to her, but it may have been the Tuesday or the Wednesday, and I talked to her about where I thought she might have gotten the idea of an investigation.

**Ms Jackson:** What did you say to her?

**Ms S. Murdock:** First of all, I went up and asked her if she had attended any meetings that I had not attended, other than the November 15 one, to which she had answered no, and I said, "Then you've seen what I've seen and I haven't seen anything, so therefore I don't know what the big hullabaloo is about." Then I said to her, "Where would you have gotten that idea," except maybe at the meeting on November 30 when Dr MacMillan and I were talking about the review process.

**Ms Jackson:** Did she say anything?

**Ms S. Murdock:** No. She just looked questioning, and then her staff whisked her out for the scrum with the press.

**Ms Jackson:** Did she ever give you any explanation of what she said in Thunder Bay?

**Ms S. Murdock:** No.

**Ms Jackson:** Have you ever attended or discussed with anyone how this matter should be handled in the House?

**Ms S. Murdock:** No, other than, do you mean when caucus decided we were going to sit over Christmas? That kind of decision-making I had, but in terms of private conversations about this, no.

**Ms Jackson:** Have you ever discussed with Ms Martel what it was that caused her to say what she said?

**Ms S. Murdock:** No. We do not get to see each other very much. It is unfortunate that, as minister, she does not have time. And because this became an issue—we never discussed it before December 5, obviously, since it had not occurred, and after December 5, Shelley was somewhat preoccupied with it, so we never had a chance to talk. Then we were told not to, once the hearing was agreed to.

**Ms Jackson:** Who told you not to?

**Ms S. Murdock:** We were instructed by the House leader's office not to speak to anyone who might be involved in any way with this.

**Ms Jackson:** I want to turn to something else very briefly. You have provided us with two letters you received from Dr Hollingsworth. I would like to turn to those now. Could we distribute them? There is one of November 12, 1991, to Ms Betty Murdock. I take it that is in fact meant to be to you, as far as you understand it.

**Ms S. Murdock:** Yes.

**Ms Jackson:** And a letter of November 20, 1991, to Mrs Sharon Murdock.

**Ms S. Murdock:** Yes.

**Ms Jackson:** Was that to be to you?

**Ms S. Murdock:** Yes.

**The Chair:** The letter of November 12 will be marked as exhibit 88, and the letter of November 20 is marked as exhibit 89.

**Ms Jackson:** Both of these letters were received in your office?

**Ms S. Murdock:** Yes.

**Ms Jackson:** It appears from them that they were sent to other area MPPs as well. Is that your understanding?

**Ms S. Murdock:** It is my understanding. I do not know that for a fact.

**Ms Jackson:** Dr Hollingsworth indicates in here that he is applying for an exemption from the threshold, right?

**Ms S. Murdock:** Yes.

**Ms Jackson:** And it would be a fair reading of these letters, since he is applying for an exemption from the threshold, that the implication appears to be that he is over the threshold. Is that a fair implication from these letters?

**Ms S. Murdock:** I did not go that deeply into it, but I guess.

**Ms Jackson:** Have you ever learned that he is not over the threshold?

**Ms S. Murdock:** No, other than I watched him on this show.

**Ms Jackson:** I would like to come back for a second to this understanding you had of what you could get from the ministry. You have said you knew you could not get specific information on Dr Donahue's billings. That is because that information was confidential?

**Ms S. Murdock:** Mm-hmm. I mean, it never even entered my head to ask for that, first because I sat on this committee, the Legislative Assembly committee, at the beginning when we started the review on the Freedom of Information and Protection of Privacy Act, and we had been provided with the act, and there were many, many discussions and articles, plus I sat on the committee with Mr Elston and Mr Sterling in choosing the new Freedom of Information and Protection of Privacy Commissioner, and again it was quite interesting. So we did a lot of reading. It just never entered my head to even ask.

**Ms Jackson:** You knew that personal, confidential information on doctors' billings cannot be obtained from the ministry, right?

**Ms S. Murdock:** Right.

**Ms Jackson:** And cannot be disseminated.



**Ms S. Murdock:** Mm-hmm.

**Ms Jackson:** And that it would be an invasion of Dr Donahue's rights to obtain or to disseminate that information.

**Ms S. Murdock:** Mm-hmm.

**Ms Jackson:** His right to privacy.

**Ms S. Murdock:** Mm-hmm.

**Ms Jackson:** The solution it appears you have used to the fact that you cannot get that information directly is to make the guesstimate you have indicated you made of his gross billings.

**Ms S. Murdock:** I would say "estimate" before "guesstimate," but yes.

**Ms Jackson:** In any event, we have seen your estimate or guesstimate could well be inaccurate.

**Ms S. Murdock:** Mm-hmm.

**Ms Jackson:** Indeed, we have seen it is inaccurate.

**Ms S. Murdock:** I would say it was lower, yes.

**Ms Jackson:** It is fair, is it not, that the extent to which that estimate is repeated to people by you or your constituency assistants, people would be inclined to think that was an accurate statement of Dr Donahue's billings?

**Ms S. Murdock:** I do not know what people would think.

1550

**Ms Jackson:** If a person is told by a constituency assistant when he calls to inquire about Dr Donahue's situation that he is billing in the neighbourhood of \$1.5 million, he would likely assume that was accurate, would he not?

**Ms S. Murdock:** If they were told that in that phraseology, I would probably guess that is true, yes. I mean, your verb tense is very important, I think.

**Ms Jackson:** Realistically, somebody who calls a constituency office is not listening to the verb tense, is he?

**Ms S. Murdock:** If you are having that length—I do not think these conversations, in truth—I mean, I do not know. I was not there. I was not the one answering the telephone. But having been a constituency assistant for four years, I would say these conversations and those kinds of issues would not have been a short little message with a hang up. You would have had quite a lengthy conversation with the constituent in the matter. I do not think the impression at the end of the conversation would have been that it was a set of facts, but rather that it was indeed an estimate.

**Ms Jackson:** In response to the question this morning to Mr Waddell, "Do you recall saying to people that Dr Donahue's gross billings would be in the area of \$1.5 million?" Mr Waddell said they could have been that or larger. If he said that to someone, they would have no reason to think he was inaccurate, would they?

**Ms S. Murdock:** Depending on the rest of the conversation, no. That is correct.

**Ms Jackson:** The result then may be a fairly broad dissemination of information which, while not strictly speaking a breach of Dr Donahue's privacy, is inaccurate.

**Ms S. Murdock:** Based on your interpretation, yes. I still think the information which was provided by Dr Donahue and on which the calculations were based—I mean, unless Dr Donahue's information was incorrect, then ours was not.

**Ms Jackson:** I want to obviously ask you the question I asked Mr Waddell. Do you not think it is a greater invasion of Dr Donahue's rights to disseminate inaccurate information about him than to disseminate accurate but private information about him?

**Ms S. Murdock:** I guess I would break that down into two parts and say that the latter part of the question you just asked is yes. The first part of the question is that we would never have even got into a financial example if Dr Donahue himself had not made the issue a financial one.

**Ms Jackson:** And therefore it is appropriate?

**Ms S. Murdock:** Yes.

**Ms Jackson:** Thank you. Those are my questions.

**Ms S. Murdock:** Thank you.

**The Chair:** Thank you very much, Ms Jackson. I would like to call a recess for 10 minutes and then we will return at 4 o'clock to commence questioning.

The committee recessed at 1553.

1607

**The Chair:** We will call this meeting back to order after a short recess. Just before recess, counsel had completed questioning with Ms Murdock. Now we will go on rotation. It will be a 45-minute time allocation for each caucus. I would also like to remind members that there will be the necessity for what I am advised will be a short in camera session after this rotation of questions. I invite Mr Harnick to commence.

**Mr Harnick:** Thank you, Mr Chairman. Ms Murdock, you told us about your meeting, which I gather was in your constituency office, on November 8. Is that correct?

**Ms S. Murdock:** Yes.

**Mr Harnick:** At that time the phones had been ringing and you had become concerned. I believe that is what you told us.

**Ms S. Murdock:** My staff did not know what to answer.

**Mr Harnick:** That was my very next question. I was going to say, "And your staff had no answers."

**Ms S. Murdock:** They were the ones who asked me to explain the threshold to them.

**Mr Harnick:** All right. I think what you said is that it became important to sit them down and to describe for them how the threshold operated.

**Ms S. Murdock:** Yes.

**Mr Harnick:** In order to describe how the threshold operated, you decided to go through the exercise of mental gymnastics and first calculate what Dr Donahue's gross billings were. Is that correct?

**Ms S. Murdock:** It was certainly an exercise, but I would not say of mental gymnastics.

**Mr Harnick:** It was certainly part and parcel of the way in which you wanted to explain the threshold to your staff.

**Ms S. Murdock:** It was part of it, yes. It was not the focus.

**Mr Harnick:** You do not have to be a genius to say that if you earn \$400,000, you get the full \$400,000; if you earn \$450,000, you get two thirds of the \$50,000 above the \$400,000, correct?

**Ms S. Murdock:** Yes.

**Mr Harnick:** And if you earn more than \$450,000, you only get a third of whatever you bill above \$450,000. Is that correct?

**Ms S. Murdock:** Yes, that is absolutely correct.

**Mr Harnick:** Really that is the whole explanation there is to be made about the concept of the threshold, correct?

**Ms S. Murdock:** No, I would not agree with you on that, on the basis of the issue as it was in Sudbury.

**Mr Harnick:** We are going to get to that in a second, but I am just talking about the concept of the threshold before you throw Sudbury into the mix.

**Ms S. Murdock:** Okay. That is exactly the concept. Having said that, I think you and I both understand that if you do not have a basic understanding of the whole issue, it means nothing to you.

**Mr Harnick:** All right—

**Ms S. Murdock:** It just gets confusing.

**Mr Harnick:** I do not want to cut you off, but I am coming to that, I promise you.

**Ms S. Murdock:** Okay.

**Mr Harnick:** Right now.

**Ms S. Murdock:** Right.

**Mr Harnick:** After you would have explained that basic concept to anybody, be he in Sudbury or in Sarnia or in my riding of Willowdale, it would have been pretty understandable how the concept of threshold works, correct?

**Ms S. Murdock:** I would go that far, yes.

**Mr Harnick:** But now you had another problem in Sudbury, and that is, you had this Dr Donahue who, I do not think it is unfair to say, was causing the government some small aggravation, correct?

**Ms S. Murdock:** He was certainly making an issue in Sudbury of it, yes.

**Mr Harnick:** That is right.

**Ms S. Murdock:** The government? I do not know whether I—

**Mr Harnick:** He was the only full-time dermatologist in northern Ontario.

**Ms S. Murdock:** Yes.

**Mr Harnick:** And he was talking about closing up his office.

**Ms S. Murdock:** Yes.

**Mr Harnick:** And people were becoming concerned.

**Ms S. Murdock:** Very.

**Mr Harnick:** Particularly his patients.

**Ms S. Murdock:** Very emotional about it, yes.

**Mr Harnick:** Particularly his patients?

**Ms S. Murdock:** Yes. That is who we were getting all the calls from.

**Mr Harnick:** I think you in fact said: "He was making the press. He was the catalyst."

**Ms S. Murdock:** Mm-hmm.

**Mr Harnick:** Right?

**Ms S. Murdock:** He was definitely the catalyst to cause the Ministry of Health to talk about the underserved area program on a speedier basis, yes. That is my reading of it. You are asking my perceptions. That is the way I looked at it.

**Mr Harnick:** But we know with Dr Donahue, particularly your evidence that enlightened us today, that as of August the underserved area program no longer applied to him.

**Ms S. Murdock:** True.

**Mr Harnick:** Correct?

**Ms S. Murdock:** Yes.

**Mr Harnick:** So in terms of our discussions with Dr Donahue, we are not really talking about the underserved area program.

**Ms S. Murdock:** No, exactly my point.

**Mr Harnick:** Right. We are talking about the threshold and Dr Donahue.

**Ms S. Murdock:** No. We are talking about the threshold and specialists in the north.

**Mr Harnick:** All right. In order to illustrate that, we make Dr Donahue the example?

**Ms S. Murdock:** No, he made himself an example.

**Mr Harnick:** No. With respect—

**Ms S. Murdock:** With respect.

**Mr Harnick:** With respect, when you sat down with your office people, you used Dr Donahue as the example to show how the threshold was going to operate, correct?

**Ms S. Murdock:** He was the only one who had given out any information about his financial position, so he was the only one you could have used.

**Mr Harnick:** In fact, he was the one that was causing the government and the members representing the Sudbury ridings some small aggravation. You have already told me that was true.

**Ms S. Murdock:** No, I did not quite say it that way, Mr Harnick.

**Mr Harnick:** So I am giving you a chance to change your answer.

**Ms S. Murdock:** That is not quite true if you look at it. I would say the reason I used Dr Donahue as a catalyst is because through him all the doctors in Sudbury, specifically the Sudbury medical association and Dr de Blacam, who then became quite prominent in the debate, if you want to call it that, and the cardiovascular surgeons became a real problem for us. I would say that is why the focus was not on Dr Donahue. Although he may have initiated the whole process, the focus was really on the whole concept of specialists leaving the north.



**Mr Harnick:** In order to further that discussion, you sat down with your staff and you calculated Dr Donahue's gross income.

**Ms S. Murdock:** Mm-hmm.

**Mr Harnick:** Correct?

**Ms S. Murdock:** What I estimated it to be on the information he provided in the news.

**Mr Harnick:** You are going to have to really explain carefully to me, as I am sure you did to your own constituency people, how explaining Dr Donahue's gross income, which you calculated by making many assumptions to be \$1.5 million, had anything at all to do with the cardiologists in Sudbury.

**Ms S. Murdock:** Okay, I will try and explain it to you.

**Mr Harnick:** Why don't you tell me how that \$1.5-million calculation on inaccurate assumptions had anything to do with any other doctor in the north beyond Dr Donahue?

**Ms S. Murdock:** I could not use any other example because I had no idea what any other doctor's information would have been. Dr Donahue was very vociferous in terms of describing the fact that he was over the threshold, out of pocket for three months. From that, I can take—he is the only one I could have used. There was nobody else. Dr Kosar or Dr Maki or Dr Abdulla, none of them had come forward and given that information, so I could not have used them as an example.

**Mr Harnick:** But in fact you really did not need any example to describe how the threshold worked to your people.

**Ms S. Murdock:** No. I could have said, "Suppose a doctor bills \$1.5 million." Right.

**Mr Harnick:** But you used him as an example because you were getting phone calls particularly pertaining to his leaving and you had to figure out a way for your staff to answer those queries, right?

**Ms S. Murdock:** I used him as the example for the deductions, that is true.

**Mr Harnick:** And you wanted him in the mix so that your staff would be in a position to answer the queries that were coming in, because your staff had no answers.

**Ms S. Murdock:** That is putting a complexion on it in hindsight, which is fine, but the thing is that at the time, I do not believe that is where we were at. It was simply explaining the threshold, and I explained it. There was not any real clarity. I said, "Well, okay, let me use an example," and I went through that. That is how that came to be.

**Mr Harnick:** But you did not have to go through what I describe as the mental gymnastics of calculating Dr Donahue's income.

**Ms S. Murdock:** It could have been anybody's, if I had had the basic information.

**Mr Harnick:** You did not have to calculate anybody's income if all you wanted to do was explain how the threshold works. That is all I want.

**Ms S. Murdock:** No, I do not agree with you. I obviously do not agree with you or we would not be having this continued argument.

**Mr Harnick:** Well, you are going to have trouble convincing me and I suspect many other people. At any rate, you have now gone through this exercise and you now have your staff understanding that based on your calculations and your inaccurate assumptions, Dr Donahue grossed \$1.5 million, correct?

**Ms S. Murdock:** Yes, around there.

**Mr Harnick:** And somewhere along the way we also have calculations—because Mr Waddell told us quite clearly—that indicated his billings for epilation were \$200,000, so I suspect that came out of the meeting as well.

**Ms S. Murdock:** No, that did not.

**Mr Harnick:** He said it did.

**Ms S. Murdock:** No, he did not, at least not according to what I heard this morning.

**Mr Harnick:** I understood his evidence to be that there was a meeting—

**The Chair:** With the committee's indulgence.

**Mr Harnick:** Am I mistaken about that?

**Ms Jackson:** I think you are, yes. That calculation, as I understand it, was done by him separately.

**Mr Harnick:** Oh, okay. Just to confirm then, that was not done at the same meeting?

**Ms S. Murdock:** No, that is correct.

**Mr Harnick:** At some stage, you learned about that.

**Ms S. Murdock:** In the Kevin Donovan article, yes.

**Mr Harnick:** All right, but the \$1.5 million he learned about at that meeting.

**Ms S. Murdock:** Yes, absolutely.

**Mr Harnick:** He also told us—and again, you can interrupt me if I am wrong—but when people were calling, he was telling people on the telephone something to the effect that, "You don't have to feel sorry for Dr Donahue; he billed \$1.5 million."

**Ms S. Murdock:** He may have. My understanding of this morning's testimony was that he may have said that. I presume it would not have been to each and every telephone caller.

**Mr Harnick:** But he did to some?

**Ms S. Murdock:** Oh, for sure.

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**Mr Harnick:** And he also indicated that he spoke to Ms Martel's office—

**Ms S. Murdock:** Mm-hmm.

**Mr Harnick:** —and indicated to them what those calculations were.

**Ms S. Murdock:** What he was saying as a way—by way of explanation?

**Mr Harnick:** Yes.

**Ms S. Murdock:** Yes.

**Mr Harnick:** And I suspect he did that so that the answers to the queries that office was receiving would be somewhat consistent with yours.



**Ms S. Murdock:** I do not know why he—I mean, I believe you asked him that this morning. He did not speak of that to me.

**Mr Harnick:** I personally have not been involved in politics for as long as you have, but you have had certainly the widest experience of any rookie politician, probably, in this place, in that you were a constituency assistant; you have a legal background; you are now an elected representative. Do you think that there is anything wrong with calculating the income of one of your constituents, discussing it with your staff and permitting your staff to go public with that information?

**Ms S. Murdock:** I guess that is three questions? The answer to the first question is, given that the issue had been made a financial one by the constituent himself and he provided the financial information, no, I do not think it is wrong for me to have made an estimate. Second, discussing it with my constituency assistants, no, I do not think it is wrong to use that as an example when all the calls are coming in at that point in time on the particular constituent. And, third, as long as it was clear that it was an estimate and in no way a confirmed figure, I do not have any problem with releasing that, no.

**Mr Harnick:** Except that your staff, based on the evidence of Mr Waddell who disseminated the information, did not tell people it was an estimate.

**Ms S. Murdock:** Well, he said “could have been.” Well, my recollection of that—

**Mr Harnick:** He said, as I recall, that he would tell people, “You don’t have to feel sorry for Dr Donahue because he had gross billings of \$1.5 million.”

**Ms S. Murdock:** I do not remember it quite that clearly.

**Mr Harnick:** I think it is fair to say and conclude that you used Dr Donahue as an example because it was the strategy to centre him out and discredit him to justify the imposition of the threshold.

**Ms S. Murdock:** Well, that is your opinion.

**Mr Harnick:** Certainly my opinion is reinforced by the evidence that both you and Mr Waddell have given here today. Is that an assumption that you do not think can realistically be drawn?

**Ms S. Murdock:** I think that as an opposition member you can draw almost any kind of conclusion you wish, depending on your interpretation of any facts.

**Mr Harnick:** Do you think it is right for information that in reality is nothing more than conjecture, perhaps even only rumour, to emanate from an office that is an office of the government of Ontario?

**Ms S. Murdock:** If it was something that was initiated by that office, yes, I agree with you.

**Mr Harnick:** When I look at your Sudbury trip checklist, I see printed under Roman numeral III, the heading “Intelligence,” I guess it is the fourth item down, “Donahue—details of practice in media—analysis” and written in pen beside that, “scour his version,” with “scour” underlined. That is pretty venomous language.

**Ms S. Murdock:** Given that I was not party to it, I do not know what context it was in.

**Mr Harnick:** But it sure would lead one to believe that there was a concerted effort to single out Dr Donahue to justify the threshold policy.

**Ms S. Murdock:** No, I do not agree with you.

**Mr Harnick:** Okay. Now, I gather that during the months of November and December the Sudbury media—the TV, the radio, the newspaper—all had pretty constant stories about Dr Donahue.

**Ms S. Murdock:** I would certainly say at the beginning of November it was very prevalent everywhere. But yes, and not only that but everywhere you went, everyone was talking about the closing possibility.

**Mr Harnick:** And you were in Sudbury at the time?

**Ms S. Murdock:** Not the week of the 11th. I mean, I was there for Remembrance Day. I left that week.

**Mr Harnick:** But up until, say, the 11th, you would have been there.

**Ms S. Murdock:** On Friday, Saturday, Sunday, as we normally are, yes.

**Mr Harnick:** And you would have seen those papers and heard those TV and radio reports?

**Ms S. Murdock:** Yes.

**Mr Harnick:** And in fact it was during this period of media concentration, if I can call it that, that you in fact made your calculations.

**Ms S. Murdock:** Mm-hmm.

**Mr Harnick:** And you would have done that on—

**Ms S. Murdock:** Around the 8th.

**Mr Harnick:** —the 8th, which would have been Friday.

**Ms S. Murdock:** My recollection is the 8th, yes.

**Mr Harnick:** Which would have been a Friday. And then you went home to your apartment that you shared with a Ms Valentini, who happens to work for Ms Martel.

**Ms S. Murdock:** Mm-hmm.

**Mr Harnick:** Yes?

**Ms S. Murdock:** Yes.

**Mr Harnick:** You tell us that you, after doing all this calculating and coming up with this brilliant number—this huge number, this brilliant piece of work—never told Ms Valentini what you had discovered?

**Ms S. Murdock:** Yeah. There was no need to.

**Mr Harnick:** In the midst of all of this media—

**Ms S. Murdock:** Like, I do not know about you—

**Mr Harnick:** —and hundreds of phone calls coming into your office and letters—

**Ms S. Murdock:** Yes.

**Mr Harnick:** —and you never discussed this with your room-mate who happened to work for Shelley Martel.

**Ms S. Murdock:** Right. I mean, I get home on week-ends and, frankly, when I get into my apartment I do not want to talk about anything. I just do not want to do it. I would like to be able to read and I would like to be able to



look at something other than politics when I am alone, or in my own home.

**Mr Harnick:** Pretty hard to do when you flick on the television and you see Dr Donahue on the news, or when you flick on the radio and you hear him on the news and when you open up your newspaper on Saturday morning and there is Dr Donahue.

**Ms S. Murdock:** Yes. No question—

**Mr Harnick:** Pretty hard to escape that, is it not?

**Ms S. Murdock:** When the newspaper came and we would read the article—and I have already stated that quite clearly, we did discuss it in those particular times in relation to whatever was being said in the media piece that was being presented at the time. But in terms of me walking in and talking about a calculation which at the time was very insignificant, has only become significant in these past few weeks, I mean, it meant nothing to me to go home and discuss it with my room-mate, no.

**Mr Harnick:** So you would be sitting in front of the television and Dr Donahue would come on and he would say, “Going broke, cannot afford to run my practice,” and you would just sit there after you have come up with this \$1.5-million calculation, with your room-mate sitting in the same room, and you would say, “Gee, I feel sorry for him.”

**Ms S. Murdock:** No. I never, ever said I felt sorry for him.

**Mr Harnick:** All right. That is because you told your room-mate in fact that what he was saying you believed to be erroneous based on your calculations.

Interjections.

**The Chair:** Mr Harnick, if you have a question to pose, please do so to Ms Murdock and give her the opportunity to respond to that question. I think that you have posed that question a number of times and Ms Murdock has responded.

**Mr Harnick:** I just heard all these people yelling on the other side, “Order, order, stop, stop.”

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**Ms S. Murdock:** It is imputing motives, I believe.  
Interjections.

**The Chair:** Order, please. Order.

**Mr Harnick:** Now, you were in the Legislature when Ms Martel gave her answer—

**Ms S. Murdock:** Yes.

**Mr Harnick:** —about the remarks being unfounded and untrue, and, “I’ve apologized.” And she kept repeating that answer over and over again. The Minister of Health described the answer that Ms Martel gave as being scripted and unsatisfactory. How do you describe Ms Martel’s answer in the Legislature?

**Ms S. Murdock:** I called it a mantra.

**Mr Harnick:** A mantra?

**Ms S. Murdock:** Yes.

**Mr Harnick:** Can you explain that to me?

**Ms S. Murdock:** It was very much a rote kind of answer.

**Mr Harnick:** And did you find that to be a satisfactory answer?

**Mr Owens:** Excuse me, Mr Chair, point of order.

**The Chair:** There is a point of order here.

**Mr Owens:** I think, if Mr Harnick checks the record, I am pretty sure that the Minister of Health did not give that response, that it in fact was a staff person from the Ministry of Health in the person of Larry Corea.

**Ms S. Murdock:** No.

**The Chair:** Thank you for your point. It is not a point of order. I will endeavour to check with counsel, with the transcripts, but I believe that the wording used by Mr Harnick may very well be accurate.

**Mr Harnick:** At any rate, you describe it as a mantra.

**Ms S. Murdock:** Yes.

**Mr Harnick:** Can you give me an explanation of that?

**Ms S. Murdock:** It is a repeated saying that comes from the east and it is sort of a repeated saying that gives you some solace.

**Mr Harnick:** And did you, because of that, ask—

**Ms S. Murdock:** Because of?

**Mr Harnick:** Because of that kind of repeated—what you said was—I cannot remember the word you used the first time and then we were interrupted with a non-point of order.

**Mr Owens:** Just like your non-questions.

**The Chair:** Order.

**Mr Harnick:** They get a little excited late in the day.

**The Chair:** Order, please. Let me remind all members of the committee, as we are continuing to question Ms Murdock, that interruptions are certainly out of order and they do not really give the proper respect to the witness that should be given. I would remind and caution all members of that.

**Mr Harnick:** Did you find that answer to be satisfactory?

**Ms S. Murdock:** I did not—well, it was—I do not know whether “satisfactory” is the right word. It just was a very un-Shelley-like response.

**Mr Harnick:** In what sense?

**Ms S. Murdock:** Well, Shelley is very dynamic, articulate. It was a very quiet response.

**Mr Harnick:** Have you had occasion, before you were told by the House leader not to discuss this matter, to have any discussion with Shelley Martel at all?

**Ms S. Murdock:** In relation to any testimony I gave here?

**Mr Harnick:** In relation to her answer and any explanation she may have given you for it.

**Ms S. Murdock:** No.

**Mr Harnick:** Have you spoken with Ms Valentini at all about the answers that Ms Martel may have provided to her?

**Ms S. Murdock:** Shelley’s demeanour, I have spoken to Andrea about.

**Mr Harnick:** And what have you learned about that?



**Ms S. Murdock:** About her demeanour?

**Mr Harnick:** Well, I mean, if you had a discussion with Ms Valentini—

**Ms S. Murdock:** Mm-hmm—

**Mr Harnick:** —about—

**Ms S. Murdock:** “Discussion” is the wrong word. I came in and I said—I made my—I stated my opinion. It was not a discussion, per se, it was me stating an opinion and Andrea agreeing with me.

**Mr Harnick:** Well, why do you not tell us your opinion?

**Ms S. Murdock:** I have already stated it to you, that it was mantralike.

**Mr Harnick:** Oh, all right. Those are my questions. Thank you.

**Ms S. Murdock:** Thank you.

**The Chair:** Thank you very much, Mr Harnick. Mr Eves.

**Mr Eves:** I just have a couple of questions, Mr Chairman. Ms Murdock, who from the House leader’s office told you not to discuss this matter with anyone, can you recall?

**Ms S. Murdock:** Garth Dee.

**Mr Eves:** Has Garth Dee gone over your recollection of any events with respect to Dr Donahue with you prior to your attendance here?

**Ms S. Murdock:** He asked me what meetings I had attended that Shelley had attended.

**Mr Eves:** Did he take any notes? Did he make any computer entries when he was doing this?

**Ms S. Murdock:** No, I do not recollect that, because the only thing he seemed surprised about was that we had met on December 9.

**Mr Eves:** Would it seem unusual to you that the executive assistant to the government House leader would want to go over your recollection of events in connection with the Donahue matter with you?

**Ms S. Murdock:** Well, no. The resolution in the House had been parlayed by the House leader. His executive assistant, I presume, like most executive assistants, is privy to whatever the member designates him to do, and I just assumed they were going to be setting up the format for this. So, no, it did not surprise me at all.

**Mr Eves:** Would it surprise you to know that Garth Dee, according to Larry Corea’s testimony, went over and reviewed Larry Corea’s recollection of these events with him and sat at a computer and inputted his recollection of these events? Do you think that is appropriate conduct for an executive assistant to a government House leader?

**Ms S. Murdock:** I have not ever given that much thought, obviously. I really truthfully would not care.

**Mr Eves:** That does not bother you?

**Ms S. Murdock:** No.

**Mr Eves:** Okay. With respect to Shelley’s conduct in Thunder Bay on December 5, 1991, and accepting the fact that the explanation Shelley gave in the House is the correct one, that the remarks she made had no foundation in fact and in fact were untrue and that she apologized for them,

do you think her conduct in Thunder Bay on December 5 was conduct that is appropriate for a minister of the crown?

**Ms S. Murdock:** It is not for me to decide.

**Mr Eves:** I asked you if you thought—okay, let me phrase the question another way. The Premier made quite an issue actually, when his government took over, about the fact that the previous government’s guidelines for cabinet ministers and parliamentary assistants, of whom I believe you are one, was not very clear to members of the cabinet or parliamentary assistants and that he was going to make it abundantly clear to his cabinet and his parliamentary assistants what his guidelines for conduct were. As you understand the Premier’s guidelines, being a parliamentary assistant, was Ms Martel’s conduct in Thunder Bay on December 5, 1991, in breach of the Premier’s guidelines or in fact is that an acceptable form of conduct for a cabinet minister under your Premier’s guidelines as you understand them?

**Ms S. Murdock:** I would say it would probably be in breach, and it would be a determination by the Premier as to what—I do not want to use the word “punishment”—decision would be made as to how it would be handled. If that was removal from cabinet, which is the far end of the continuum, or an apology, which is at the beginning of the continuum, that is the Premier’s decision to make.

**Mr Eves:** It is fair comment. Thank you.

**The Chair:** Thank you very much, Mr Eves. Mr Hope, I just wish to bring forward the point of order of Mr Owens in response to a question by Mr Harnick that upon the checking of transcript, that question and the adjectives used were accurate.

**Mr Hope:** Thank you, Mr Chair. Ms Murdock, or Sharon—you do not mind Sharon?

**Ms S. Murdock:** No, I do not mind Sharon.

**Mr Hope:** Oh, good. Sharon, I was interested that during your testimony you talked about being a patient of Dr D’s.

**Ms S. Murdock:** Yes.

**Mr Hope:** What year was that again?

**Ms S. Murdock:** Around 1987.

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**Mr Hope:** About 1987.

**Ms S. Murdock:** It was a guess. I came back to Sudbury in 1986, so I estimated it was about a year later.

**Mr Hope:** So he is new in the territory or he is just starting out?

**Ms S. Murdock:** Oh, no, born and raised in Sudbury, but—

**Mr Hope:** No, but I mean Dr D.

**Ms S. Murdock:** Yes, he was new.

**Mr Hope:** Just new, starting out. It may be a little personal here, but I am going to ask you about your visit with Dr D, when you went into his office and just—

**Ms S. Murdock:** In truth, I would think it would be far outside the parameters of this resolution. I thought I was going to be saying that to the opposition.



**The Chair:** That is probably outside the parameters of this.

**Ms S. Murdock:** I never thought I would be saying it to my own.

**The Chair:** I am sensitive to what I believe to be an objection by the witness to that particular question.

**Mr Hope:** Okay. That is why I brought it to her attention first. I knew it was a little touchy.

**The Chair:** I would ask if you might ask another question.

**Mr Hope:** No problem, I will continue; no problem whatsoever. When you went to Dr D. how long were you there? I do not want to ask specifically, but how long were you in his office?

**Ms S. Murdock:** I do not know. I have absolutely no recollection. Long enough to be examined and have a discussion over the issue.

**Mr Hope:** Okay. I was just curious about the time.

**Ms S. Murdock:** I did not have to wait, that is one thing I will say, unlike most specialists' offices. There were no other patients at the time.

**Mr Hope:** Okay. I am just trying to put the content of things together here. I want you to refer to exhibit 76. Do you ever remember listening to or reading this Media-Reach at all?

**Ms S. Murdock:** Oh, yes, I heard about this.

**Mr Hope:** You heard about that?

**Ms S. Murdock:** Well, actually, she is the one I go to.

**Mr Hope:** She is the one you go to?

**Ms S. Murdock:** Yes.

**Mr Hope:** Do you ever find it amazing some of the comments that were made in here about the number of staff and how she operates it and finds it interesting?

**Ms S. Murdock:** Yes.

**Mr Hope:** Where she only has two staff versus 14 or whatever the number is?

**Ms S. Murdock:** Yes.

**Mr Hope:** Did you ever talk about some of the concerns around that field with that doctor by any chance?

**Ms S. Murdock:** I am sorry?

**Mr Hope:** Did you ever talk to the doctor in general about specialists in this area?

**Ms S. Murdock:** Dr Hradsky, you mean?

**Mr Hope:** Yes.

**Ms S. Murdock:** No, I never did discuss it with her.

**Mr Hope:** Okay. I want to go back to the November 30 meeting. I know I am jumping around here, but I am trying to put the pieces together. The November 30 meeting was a breakfast meeting, right?

**Ms S. Murdock:** Yes. Well, the first part of it was.

**Mr Hope:** The first part of it was, and to your recollection there was no confidential information talked about, nothing that would be ear-burning?

**Ms S. Murdock:** No.

**Mr Hope:** Nothing at all. December 5 was the so-called heated discussion. I have not had a chance to view that tape yet, but I heard it was a little warm.

**Ms S. Murdock:** The doctors' meeting, you mean?

**Mr Hope:** Yes, the overall one.

**Ms S. Murdock:** There are two incidents on December 5, so I just wanted to make sure which one you meant.

**Mr Hope:** Okay. There are two events?

**Ms S. Murdock:** There is the doctors' meeting in Sudbury, and there is the reception incident in Thunder Bay.

**Mr Harnick:** Both were warm.

**Ms S. Murdock:** Yes.

**Mr Hope:** The one in Sudbury is the one I want to focus on. Did you get a chance to meet Dr MacMillan or the deputy minister by any chance?

**Ms S. Murdock:** Yes. That was the first time I had met—had I met MacMillan before that? No. It was the first time I met both of them.

**Mr Hope:** It was the first time you met both of them. Did you see anything unusual where a file of any kind was sitting out with a certain doctor's name on it or marked confidential?

**Ms S. Murdock:** No.

**The Chair:** Order, please. You had asked a question that maybe Ms Murdock wishes to revisit.

**Ms Jackson:** I think you just indicated, Ms Murdock, that you met Dr MacMillan for the first time on December 5, and you have earlier testified that you saw him on November 30.

**Ms S. Murdock:** No, that is the November 30.

**Ms Jackson:** I apologize.

**Ms S. Murdock:** I am understanding that you are asking me about the November 30 meeting.

**Mr Hope:** December 5; sorry, my mistake. I keep jumping.

**Ms S. Murdock:** I am glad you clarified.

**The Chair:** Maybe, Mr Hope, when you are posing questions be very specific as to the times.

**Mr Hope:** Well, it is nice that you make reference to me being specific, but the jumping around. I am just trying—

**Ms S. Murdock:** Sorry.

**Mr Hope:** Okay, we will get it straight.

**The Chair:** I am just trying to assist the witness.

**Mr Hope:** December 5 is where I am focusing, okay?

**Ms S. Murdock:** Okay, thank you. Sorry, I misunderstood.

**Mr Hope:** I know the problem you just went through with the Tories trying to pose questions and jumping all over you. I am not trying to play games; I am trying to get specific answers here.

**Mr Harnick:** Excuse me—

**Mr Hope:** December 5—

**The Chair:** Order, please.



**Mr Harnick:** On a point of order, Mr Chair: He is the one asking the questions and getting the dates wrong. Nobody else asked the questions and got the dates wrong and confused the witness, so reference to other people confusing the witness are somewhat uncalled for.

**The Chair:** Thank you very much.

**Mr Harnick:** If he would spend more time preparing his questions, we would not take so long.

**The Chair:** Thank you very much, Mr Harnick. That is not a point of order. Mr Hope, could you continue with your questioning, please.

**Mr Hope:** Hey, no problem whatsoever.

**The Chair:** The only thing I would ask is, for the assistance of the witnesses, if you could be a little more specific.

**Mr Hope:** Yes, I will be very specific. At the December 5 meeting, did you see any confidential file?

**Ms S. Murdock:** No. Where I was sitting it would have been impossible for me, anyway, in relation to where they were sitting.

**Mr Hope:** In relation to where you were sitting, okay. Also at the December 5 meeting, was there anything we may call different or unusual other than what has been going on as far as the media hype, as far as the doctors' issues? Was there anything different than that? I am trying to set the tone of that meeting that was happening on December 5. Was it consistent with what has been going on?

**Ms S. Murdock:** Oh, yes. When we walked in, the centre of the room had tables with two-foot-high bright yellow Bristol board pieces on it naming us, and it was very much a Christians-versus-lions atmosphere, I think. Other than that, the only thing that happened that I thought was different was that the editor of the Sudbury Star was there, asked a question and got a clarification that I thought was important. Other than that I would say no.

**Mr Hope:** One thing we are trying to do is, when you are trying to explain to us how you came up with this calculation—and I made a comment that you stole one of my questions dealing with it—where did you get the media? What media was it you were able to pick the public information from that was there?

**Ms S. Murdock:** Well, I keep any newspaper articles relating obviously to me, but if an issue comes up in Sudbury we also keep newspaper articles on it as well. My staff have been keeping all of this: The November 12 Sudbury Star article with Dr Donahue saying that he was going in the hole and that he was paying out of pocket for the last three months; on the 15th he came out with: "I personally owe the bank \$129,000, and there is a payroll sitting in my office to be signed. Once it is signed, I will owe the bank \$150,000," he said at a press conference Thursday evening called by the Sudbury and District Medical Association"; and November 29 he gets into how, just to cover his overhead, it would cost him \$800,000 to \$1 million.

He was coming out with those kinds of things at news meetings, in the newspapers, on radio and television. I know that at the November 30 meeting John Rodriguez said he had been at a meeting on women the night before

and that Dr Donahue had shown up and explained his argument. I had heard that he was doing that around town, arriving at different meetings that were scheduled and explaining his position. So he was quite vocal about it.

**Mr Hope:** So he was not hiding any of his personal finances at all? He was very open with it, publicizing it throughout the media and that is where you grabbed the information?

**Ms S. Murdock:** At the December 5 meeting he made it quite clear to Mr Decter that he was not going to open his books, and he had said that in the paper, I think, on the weekend, or on the news, on MCTV. The information that was provided in terms of finances was provided by Dr Donahue himself.

**The Chair:** I am sorry, I do not want to interrupt except that after these hearings we will check, and those newspaper articles that have not been marked as exhibits will be marked and distributed to members as exhibits to the hearings. Please continue.

**Ms S. Murdock:** Thank you.

**Mr Hope:** So when you are looking at public information out of newspaper articles, trying to explain to your staff—because it is an area problem, not necessarily somebody else's problem, southwestern Ontario's—when you are trying to bring specifics so your staff understand how you are using those public information numbers, there are no confidential information numbers?

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**Ms S. Murdock:** The only information at the meeting I would have with my staff on the 8th was the fact that he was out of pocket for three months, because when he said it, was that week.

**Mr Hope:** Mm-hmm.

**Ms S. Murdock:** Every week another piece would come out—he would bring out another piece of information. So by the December 5 meeting, yes, all of that information was out there provided by Dr Donahue. But by the time I talked with my staff to make the calculation, the only thing I would have had was that he was over threshold and out of pocket.

**Mr Hope:** Okay. I am going to start asking some very direct questions. Did you instruct your staff to use those numbers to destroy the credibility of Dr Donahue in Sudbury?

**Ms S. Murdock:** No.

**Mr Hope:** Did you at any time receive any confidential information whether it be written, vocal or otherwise, on Dr Donahue?

**Ms S. Murdock:** No.

**Mr Harnick:** Made it up.

**The Chair:** Order, please.

**Mr Hope:** Did you at any time try to, I guess, distract personal information from any other source, like out in the community, take any other information from any other source other than the public information? I am trying to get behind this confidential, but number one, did you receive any confidential information from the Ministry of Health?



**Ms S. Murdock:** No. I see. Did I get any information from anywhere else?

**Mr Hope:** Yes. Did you get any information from anywhere else?

**Ms S. Murdock:** No.

**Mr Hope:** Were you in any contact with the district health council during this process?

**Ms S. Murdock:** No.

**Mr Hope:** Okay. Were you, acting on behalf of, I guess, your constituents, who would also include the doctor, trying to make the government understand the particular differences between southwestern Ontario and northern Ontario with providing doctors?

**Ms S. Murdock:** It is something that we have been doing for years or trying to do for years in terms of getting the north recognized. It is a real problem for us in northern Ontario. I did not dispute for one single minute that the doctors were absolutely right in their concerns about leaving and that in the north that would be devastation, absolute devastation. We have a hard enough time getting people to come there. They do not know how wonderful it is to live up there, but we have a real hard time having them to stay. Even when we get them on the underserved area program, they do their four years, get their grant and then they take off to the south again.

So we have a real problem with that. I know that I have certainly told the minister, both Evelyn Gigantes when she was Minister of Health and now Frances Lankin, that the groups that have been appointed are all predominantly Toronto or southern Ontario people who are making decisions for people in the north and that has to change, so the whole attitude has to change.

What is nifty about this underserved area agreement is that it is going to cover areas like Kitchener-Waterloo. It is going to cover all of Ontario but the north can take full credit for being the spearhead to get that whole thing changed. If it had not have been our fighting from the north it would not have ended up covering all the province in the underserved area. So that I am quite pleased about.

**Mr Hope:** So what I am understanding then, when you worked for Elie—

**Ms S. Murdock:** Well, Elie.

**Mr Hope:** Mr Martel.

**Ms S. Murdock:** Yes.

**Mr Hope:** You fought on behalf of trying to get more doctors in, trying to improve the health care in northern Ontario?

**Ms S. Murdock:** Okay. Elie was very instrumental and very vocal—anybody who knows Elie, and I am sure some members do—has been and continues to be, actually, on the whole issue of the services in the north. He really fought to get the residency program in Sudbury. Shelley, when she got elected, really worked hard so that last June the residency program, which is getting residents who are in the residency level of their medical training to work with GPs in the area in Thunder Bay and Sudbury, started out with us last year. She has been working hard on that

and the focus has been on the whole underserved problem that we have in the north.

**Mr Hope:** So by knowledge, I guess, you have been involved with this for quite some time around helping the health care system in the province of Ontario, especially in the north, trying to improve it.

**Ms S. Murdock:** Yes, I would certainly agree. I actually take quite a lot of pride in the fact that Frances, now if she sees me coming, says, "What does the north want now?" So it is not so much what we want as what we have to have. Anyway.

**Mr Hope:** Okay. I guess my final question would be—I know you did not see any confidential information, because you told me that. Did you pass any confidential information on to anyone?

**Ms S. Murdock:** Well, I did not have any to pass on.

**Mr Hope:** So you had used all public information in communications that you talked about?

**Ms S. Murdock:** That is correct.

**Mr Hope:** Thank you.

**The Chair:** Mr Christopherson?

**Mr Christopherson:** Just a brief clarification: The media exhibits that you are going to receive: Would that just be Sharon's media brief in its entirety, or were you going to just select those things that are not yet in the exhibit book?

**Ms Jackson:** I was going to do the latter.

**The Chair:** Yes.

**Mr Christopherson:** It will be the latter?

**The Chair:** Yes.

**Ms Jackson:** Or we can do, if you prefer, the other. I am in a mode of trying to cut down the paper, but—

**Mr Christopherson:** I can appreciate that. I just wanted to make sure that everything that was contained in that brief and that was acknowledged, that indeed we could refer to it as a media brief if we needed to when referring to exhibits.

**The Chair:** It would be our intention that if anybody wished to refer to an exhibit that was the subject matter of any response by Ms Murdock, it would be available in our exhibits.

**Ms Jackson:** As I reflect on this, Mr Christopherson, it appears to me that there is at least conceivable relevance to knowing exactly what Ms Murdock had. So I think, on reflection, perhaps the best thing would be to take everything she has got and mark it as one exhibit.

**Mr Christopherson:** It is probably the simplest way. Thank you.

**The Chair:** Mr Christopherson?

**Mr Christopherson:** And we are fine, thanks.

**The Chair:** Thank you very much. We will now move to Mr Conway.

**Mr Conway:** Thank you very much, Mr Chairman, and thank you, Ms Murdock. You have been a very expansive witness, and I appreciate that.



I want to begin by having you review a little bit of your educational and your work background prior to becoming a member of the Legislature. Can you tell me, am I correct, for example, in recalling that you spent some time, in fact I think took a law degree, at the University of Ottawa?

**Ms S. Murdock:** Windsor.

**Mr Conway:** At the University of Windsor.

**Ms S. Murdock:** University of Windsor law school, the youngest in the country, yes.

**Mr Conway:** So you took the law degree at the University of Windsor. Do you want to just very quickly summarize your work career up to the point of your election to the Legislature?

**Ms S. Murdock:** When I finished high school I worked for Bell Canada as a customer rep, and in a music store, and then as a skip tracer in a collection agency here in Toronto. Then I was asked to teach and qualified in the elementary school system, which I did for one year. Then I went to teacher's college in Ottawa, the next year. Then I came back to teach at the same school the following year. I went to Windsor to teach for one year, came back to Sudbury again and taught there until 1974, quit at the end of 1974 and came back down to Toronto. I sold group accident and health insurance for a period of time.

Then I applied with the Ministry of Education and taught in a one-room school for four and a half years, and in 1979 quit that and went to the commerce degree program, did intersession, summer school, fall, winter for two and a half years and was in my last semester for honours commerce when I got accepted into law school. Needless to say, there are so many applications and so few seats that I decided I could always pick up my honours commerce some other time and went to law school. Then I articulated with the crown in Windsor, did my bar ads in London for the six months of hell that they are.

Then I started applying for jobs. I supply-taught in a high school while I was going on job interviews. What else did I do? Then in September I came back home to Sudbury and was going for interviews, predominantly in the labour law field, but I was not known and I did not know anybody in labour, unfortunately, and that helps. Then I ended up that I started applying with the crown, and had gone for a number of interviews when Elie called me. Elie is a friend of my parents. He called and asked if I was interested in being a constituency assistant. I did not know what a constituency assistant did, but I said, "Well, I'll try it for a year."

1700

**Mr Conway:** So you started with Mr Martel as a constituency assistant roughly in what year?

**Ms S. Murdock:** Eighty-six.

**Mr Conway:** In '86.

**Ms S. Murdock:** Mm-hmm.

**Mr Conway:** And carried on with Shelley when Shelley took over in '87, is that correct?

**Ms S. Murdock:** That is correct.

**Mr Conway:** And so you worked with Shelley Martel for a full—

**Ms S. Murdock:** Three years.

**Mr Conway:** —three years, and then were yourself elected to the Legislature in 1990. I asked that question simply because I wanted to understand your background, and it is quite an impressive background, and you have experience as both a teacher and you are a graduate of a law school.

**Ms S. Murdock:** Yes.

**Mr Conway:** And you worked for the crown.

**Ms S. Murdock:** Yes.

**Mr Conway:** And you spent some time working for an old friend of mine, Elie Martel.

**Ms S. Murdock:** I met you at Elie's house, actually.

**Mr Conway:** That is right. I want to talk a little bit about that a little later in what I can assure you will be a very serious exchange, but I well remember that. You see, one of the questions for me as I try to understand what happened in this situation is, in what context is this taking place?

**Ms S. Murdock:** Yes.

**Mr Conway:** And I think I understand; I understand keenly. I think there is only one person in the room who would have a better understanding, particularly of this kind of difficulty, and that is my friend the honourable member for Bruce. But I can well imagine what you were facing in Sudbury through October and November. I am talking about Health ministries that have gone through things like doctors' strikes.

**Ms S. Murdock:** Oh, okay.

**Mr Conway:** You know, those things there. Those things I have some reason to believe are memorable events in one's life. And so I can certainly appreciate how it must have been that you and your colleagues Shelley Martel and Floyd Laughren were functioning, particularly in November, when this thing just heats up, and as you have said, was almost pervasive throughout the community in November and December.

Then I asked myself, well, what would someone who had cut her teeth in politics, so to speak, with Elie Martel, how might she react? This may be a slightly unfair line of questioning, but you can stop me at any point. I am sitting there and I am listening very carefully to what you have said about the circumstances, and quite frankly I find myself very sympathetic to your situation. You are sitting there, the government has completed a major agreement, the framework agreement, and it is something about which I am sure the government is very proud. It is a significant development. And very shortly thereafter the agreement is under attack in a fairly large urban community in this province, Sudbury, where there happen to be three government members.

At least one of those government members, the one now before us, is sitting there and she has had experience at the leg/regs committee as early as October 1991 and she understands a fair bit about this epilation business. And as the controversy develops through October and November she can see how this is getting all mixed up, how Dr



Donahue is inadvertently or otherwise confusing the de-listing of epilation with the threshold. I think that was more or less what you suggested in your earlier testimony, that from your point of view you felt that there was—

**Ms S. Murdock:** No. Just on that point, I would say that Ms Jackson implied that he was confused. I never ever implied that I believed Dr Donahue to be confused.

**Mr Conway:** Let me put it another way then, that from your vantage point, looking at the public's reaction to this growing controversy, you could see how the public was increasingly confused by Dr Donahue's presentation of his case, by Dr Donahue not separating out the issue of electrolysis from the issue of the threshold, and that it was getting all tangled up in a way that was confusing, to say the least.

**Ms S. Murdock:** Yes.

**Mr Conway:** And as we head into November and early December, Dr Donahue is, by all accounts, turning up the heat. And I am sitting here thinking, now what would Elie Martel do in a case like that? I know precisely what Elie Martel would do. Elie would attack.

**Ms S. Murdock:** He would have taken Dr Donahue on publicly.

**Mr Conway:** Absolutely. He would not have wasted five seconds thinking about this kind of a file. He would have done—

**Ms S. Murdock:** Just a minute. What kind of a file?

**Mr Conway:** The broad Donahue file. The issue that was out there in the public domain in October and November.

**Ms S. Murdock:** Mm-hmm.

**Mr Conway:** My supposition: You do not have to agree, but I think you do.

**Ms S. Murdock:** That Elie would have done that?

**Mr Conway:** Mm-hmm.

**Ms S. Murdock:** Well, I think the role in opposition is very, very different than the role in government. Yes, he would have done that.

**Mr Conway:** The attack mentality. And boy, I have been lacerated by Mr Martel, often for very good reason.

**Ms S. Murdock:** Well, if it had anything to do with workers' health and safety or compensation, you are darn right, he was a bloody fighter.

**Mr Conway:** It generally did not, but I will tell you, he was a very formidable member of this Legislature.

**Ms S. Murdock:** Yes, I agree.

**Mr Conway:** And so I am just sitting here—now, two of these key people, two of these Sudbury members, one is his daughter and the other is his former constituency assistant. And this fellow Donahue is on the attack, and he is really muddying the waters in a way that is not showing the government's policy with respect to the threshold agreement in a very favourable light. And I am just looking at all that is before me and I am thinking particularly of what your assistant, Mr Waddell, suggested this morning, and I think that I see something of a response, if not an attack strategy.

**Ms S. Murdock:** I am not disputing that it was a strategy. I know that Mr Harnick has focused in on the whole strategy issue. Well, of course, if you think—I believed firmly in this threshold; I really believed in it. There was no way that with the issue, the way it was being presented in the paper, that I believed for a minute that it was not correct. I felt it was being misleading, and our fault that we had not explained how this threshold worked well enough so that people understood it, and that they would be able to ask the kinds of questions that needed to be asked of Dr Donahue or of any other doctor that was saying the threshold was going to make them close their doors, so yes, I think that is important.

**Mr Conway:** And I understand attack strategies, because when you are in this business of government particularly you take a position, you advance it, you know that there are going to be various interests that are going to be affected, many of them—some of them—in the negative. They are not going to take it lying down, they are going to mount a campaign in opposition, and it becomes the government's responsibility to vigorously state or restate its case.

**Ms S. Murdock:** No. I think what happened was, when the letters went out to all the doctors from Frances Lankin saying that there would be no exceptions—I do not know when it was, but whenever that came—that changed the whole complexion. So whatever date that letter came out, that changed the issue in Sudbury from the Dr Donahue issue to an underserviced or a specialist issue. That I think was our main focus. I mean it was not Dr Donahue. He started it, but it was not it.

**Mr Conway:** Well, I have to tell you, I am looking now—granted perhaps not as dispassionate as other people on this committee—but I am looking at the movement of this controversy through November 10 through to about December 5, and while he was not the exclusive focus for the charge against the government's threshold policy in Sudbury, Dr Donahue seemed to be the leader of the charge.

**Ms S. Murdock:** Oh, sure, he was the initiator, absolutely, there is no question. If it had not been for him I do not think he would have coalesced the other doctors to start being more vocal.

**Mr Conway:** And you were suggesting this morning that from your point of view, as you started to get involved in the situation in Sudbury through early mid-November and you were starting to do your calculations, it appeared to you, and I think you said this, that some of Dr Donahue's tactics were misleading and they might have even kind of gotten close to blackmail.

**Ms S. Murdock:** Well, I mean, he was certainly, if no one else, was doing it to the government, or threatening that to the government in terms of, "I am closing down my office," but I think to the patients too.

**Mr Conway:** So this Donahue guy is freely putting it to the government in a way which, if you knew anything about what it is the public had a right to know, if you knew anything about the difference between the electrolysis or epilation issue and the threshold issue and the underserviced area program, if you knew any of that, boy, would you be



in a position to discount some of Dr Donahue's attack. Would you not agree?

**Ms S. Murdock:** I guess, yes.

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**Mr Conway:** I mean the temptation to strike back is almost irresistible, knowing what you know about what he is doing, what he is saying—

**Ms S. Murdock:** Yes.

**Mr Conway:** —and what in fact are the facts of the case, as someone like you would have known from your time at leg/regs committee and talking to the Minister of Health and Drs MacMillan and LeBlanc. I mean, speaking as one politician to another, and speaking from my point of view to someone who worked for my old friend Elie, the temptation to strike back in that wonderful way that Elie might have struck back, is certainly there, is it not?

**Ms S. Murdock:** Well, I guess if you are of that personality, yes.

**Mr Conway:** Now I have to look at the legislative context. You are part of troika in Sudbury with Shelley and with Floyd, three very well-regarded people.

**Ms S. Murdock:** Your turn of phrase is wonderful.

**Mr Conway:** Well, it is. You are not three neophytes.

**Ms S. Murdock:** No. Well, I guess I am the rookie on the block. Right.

**Mr Conway:** I do not think on the basis of what you have told me about your educational background and your political involvement, that you are nearly as innocent to this business as perhaps some of your colleagues from the class of 1990, whom I shall not name. Having worked as a constituency assistant and gone to law school, I mean, you are not totally innocent to this business.

**Ms S. Murdock:** No. I actually never really got involved in politics until Elie—

**Mr Conway:** You said that your parents were friends of Elie and Gay Martel.

**Ms S. Murdock:** Mm-hmm.

**Mr Conway:** And that tells me that there was a family association that went back some time.

**Ms S. Murdock:** Oh, yes. I have not lived at home for a long time. I mean, yes, I knew who they were, but I really did not know them.

**Mr Conway:** I am just—I am looking at context here, you see. Then I come back to Queen's Park and I have got this situation. We have all kinds of evidence that suggests that people like the Treasurer's executive assistant, Ms Notar, the Treasurer's constituency assistant, Nuala Doherty, I think is her name—they are very interested, and I have said before, for very good reason. By, I think it is, November 10 or 11 they are communicating with the office of the Minister of Health saying, "Listen, we need some information on this Sudbury situation, and we need"—I think the phrase was at one point—"a political response," which I take to mean, "What do we say with this charge against the threshold policy?"

We know that Ms Martel has got the lead on this case for all kinds of reasons which you have indicated, and

which I can understand. And nobody talks to anybody. To me it is really amazing that there is such a—you have never, for example, beyond what you have told us today, you have had the odd chat with Ms Valentini, I think it is, about what you see on television, but you have never talked—

**Ms S. Murdock:** Yes, okay. Well, you are there, Sean, Mr Conway, so you know what our lives are like. I mean, there was three weeks in November I never saw Andrea at all at home, because it worked out that either I was not there or she was not there, so I never saw her for a three weekend period, number one. Number two, in regard to the ministers, Floyd—and I have said this whenever I got first interviewed on the discovery process. I think I have talked—and I do not mean where I have seen him in the House or had a discussion in regard to a particular issue, I mean where I have actually talked to Floyd—maybe four times since we got elected. And Shelley is even worse in terms of that. So the only time we get to talk to one another is at caucus meetings or in the House, and at caucus meetings you are having a meeting, so you cannot have a social discussion. In the House, obviously she has some priorities so—

**Mr Conway:** But we have a paper trail, Ms Murdock, that suggests that very senior people in the offices of the Minister of Northern Development and the Minister of Health and the minister of finance are certainly talking to one another on a very regular basis by mid-November about this matter.

**Ms S. Murdock:** Well, I was not. I mean, Shelley was the lead as far as I was concerned, and I do not believe in make-work projects.

**Mr Conway:** Listen, I have to believe what you tell me.

**Ms S. Murdock:** For myself, I mean, I am not going to start calling and having the same information given two or three times.

**Mr Conway:** But in those encounters in the Legislature, which I know perfectly well, you and Floyd Laughren would just never, ever have talked about the Donahue matter through November and early December?

**Ms S. Murdock:** Well, no, I mean, I did not say that. I said that we would have little brief scrums just before question period if there was anything that came up, but it was always in relation to, yes, you know, that this issue is heating up, we are going to have a meeting with wherever, and Shelley was talking to Frances and some people at the ministry—those kinds of things. You just sort of—but it was not like lengthy conversations where we sat down and tore Dr Donahue apart or—

**Mr Conway:** No. But you see, I also know that by the 14th of November an extremely relevant e-mail has arrived in the office of the Minister of Health concerning the Sudbury situation. An extraordinarily relevant e-mail, exhibit 44, has arrived and has been seen by at least one of the assistants to the Minister of Health, assistants who are being badgered daily by people from Mr Laughren's office about, "What can you tell us about the Sudbury situation?"

**Ms S. Murdock:** Mm-hmm.



**Mr Conway:** And I just want to be clear: No one ever, ever mentioned any of that to you?

**Ms S. Murdock:** No, they did not. Why would ministers, and Treasurer alone, I mean, come up to me and say, "My staff are calling the Ministry of Health for information"?

**Mr Conway:** Because it seems to me you are all looking for the same kind of information. There is a very significant controversy in your community about a centrepiece of government policy.

**Ms S. Murdock:** They would come to me and say that they got the information; they would not be coming to me and saying, "My staff are phoning and trying to get the information." I mean, it is—like, Shelley is so competent that if she was not coming to me to say, "We've got to have a little scrum here about the matter," then I knew that she had not gotten anything new on it. I did not have to go over and bug her to find out what was happening, and the same thing with Floyd. So I mean, you just never—it never entered my head that there was any reason that other people were looking for information on this. And I never called, my staff did not call, because we figured we would be notified whenever it came around.

**Mr Conway:** I do not want to be difficult, but—

**Ms S. Murdock:** I know.

**Mr Conway:** Do you really want me to—do you want to repeat—

**Ms S. Murdock:** Yes, I want you to believe that because it is true.

**Mr Conway:** Well, listen, you said it to be so, and I am an honourable person and I have to accept what you have told me. There is a certain incredulity in me as a result of the overall picture of this, because a few weeks, or at around the same time, you see, you are sitting in your office doing some calculations around what a certain doctor might be billing.

**Ms S. Murdock:** Right.

**Mr Conway:** Just on the basis of information that is generally available, or would be available, to the public.

**Ms S. Murdock:** It is available to the public if anybody wanted to sit down and figure it out, sure.

**Mr Conway:** And your staff—I mean, you are a lawyer and you have dealt with the public in a variety of ways, and you have worked in a constituency office.

**Ms S. Murdock:** Mm-hmm.

**Mr Conway:** And does it not strike you as—well, I mean, I find it absolutely astonishing that there are people in your constituency office who are telling people, "Well, you know, we've done some calculations here, and this guy may be billing upwards of a million and a half bucks." I mean, if I heard that from Elston's office or from Conway's office, I have got to tell you, I would sit up and pay attention. That would convey something to me, perhaps not as authoritative as I might imagine, but it is, you know, "The local MPP's office told me that"—those people, particularly if they are connected with the government.

**Ms S. Murdock:** Well, okay. I mean, I see what you are saying. But if that was the case—we will work on that

"if"—it was not said alone and in isolation. I mean, it would have been done with an entire explanation of the whole thing, so I do not think the impression that would have been left would have been what you are trying to say it would have been.

1720

**Mr Conway:** No. I think I would argue this, that—and I guess I would ask you to comment on this—I do not think at all it was done in isolation. I am sure Mr Waddell seemed to make a very good impression here this morning. He is a thoughtful, experienced fellow who seemed to know what he was about. I do not doubt at all that he would offer that information in some kind of a context. But I am sitting back looking at all of this now and I am trying to understand the broader context. There you are up in Sudbury, a member in the community that is being seized of this debate. Meanwhile, back at the Queen's Park ranch, from everything I can see, a lot of very senior political aides in at least three ministerial offices and some very high-powered bureaucrats are buzzing about what I would call the Sudbury file.

As it happens, they have access to some information that I would describe as significant and highly relevant. It just so happens that all these people who have a very real material and ongoing interest in this either have lapses of memory, they just were not there, they scanned this, they forgot that, they talked about the weather, they went to Costa Rica. I mean, it is just the most wonderful combination of inadvertence, stupidity, amnesia, and of course I have to believe what people are telling me.

All I know is that at the end of the day Ms Martel, in a heated debate in Thunder Bay with Mrs Evelyn Dodds, someone I know fairly well, said some very pointed and direct things that relate to what I will call the Sudbury situation—

**Ms S. Murdock:** Mm-hmm.

**Mr Conway:** —and she just made it all up. She did not talk to anyone, apparently, who knew anything. The fact that there was this ongoing conversation with all kinds of people who knew some very important things, that connection apparently cannot be established.

Let me ask you this, because this really is, for me, a central question: We talked earlier about our meeting in—

**Ms S. Murdock:** Elie's retirement party.

**Mr Conway:** Right.

One of the terms of reference for this committee is to investigate the conduct of the Minister of Northern Development in Thunder Bay. I want to just talk a wee bit about that. One of the real difficulties I have with this case is that I know this Martel family. I have known some of them for a long time. I have fought with Elie but I have a great regard for Elie and his wife and their kids. I am deeply troubled by a line that has me to believe that Shelley Martel is a liar. The Shelley Martel I know, and have known for a considerable time, I do not believe to be a liar. If I am supposed to believe the official version of this, the bright, attractive, young woman that Elie and Gay raised is a liar. I am having a great deal of difficulty believing that.



You have known Shelley Martel for some time. You have worked with her. You have worked for her. Do you know, setting this experience aside, is there anything in her own or her family history that would suggest Shelley Martel has been a liar in the past?

**Ms S. Murdock:** No, there is nothing that would indicate that.

**Mr Conway:** I agree with you completely. I do not think I know anybody who—

**Ms S. Murdock:** A woman of great integrity, I would say, yes.

**Mr Conway:** Exactly, and I think as sort of integrity oriented as her parents.

**Ms S. Murdock:** Mm-hmm. We agree.

**Mr Conway:** You can see my difficulty. My difficulty is that in the face of everything that is before me, all this evidence, some of it very hard and admittedly some of it circumstantial, I am asked to believe that in the heat of the battle in Thunder Bay this bright, articulate, experienced, admittedly combative political individual told a lie.

**Ms S. Murdock:** Well, I mean, file, to me—I got caught on that already this year, which was in the paper in Sudbury. I was told—questioned, called by a reporter and questioned, as to whether I had seen a file of a WCB claimant who had written a letter, and my file in my office was something that he had provided to me, albeit it was not the actual WCB file. So we end up getting into semantics here as to what a file is or which file it could possibly be. Are we talking Shelley Martel's file in her office, are we talking—

**Mr Conway:** For purposes of my question, Ms Murdock, just forget the file question entirely.

**Ms S. Murdock:** Okay.

**Mr Conway:** Think about what she said with respect to, "If you knew what I knew about—"

**Ms S. Murdock:** I do not really know what was said there, so—

**Mr Conway:** We have got the evidence here and it is not contested.

**Ms S. Murdock:** Okay.

**Mr Conway:** If you look at the main points of that, where she said—my words, not hers, and the exhibit can be drawn out—"I've seen the file"—and as I said, forget that. "This doctor is up to some things that aren't very acceptable. There may very well be charges. It's almost criminal"—very specific, pointed references and my difficulty—

**Mr Klippenstein:** Mr Chairman, with respect, if the member is going to rely on some very important and specific wording, I suggest that it be put before the witness.

**Mr Conway:** We have the testimony of Ms Dodds and it is—

**The Chair:** Certainly we do have the exhibit, if you—

**Mr Conway:** I have not—I cannot lay it—

**The Chair:** Just refer to the—

**Ms Jackson:** There are two places: One is where the question is put at the conference on December 6, and that is at tab 17; the other would be in Mrs Dodds's evidence.

**Mr Conway:** My point—

**The Chair:** If you could look at the exhibit, tab 17.

**Ms Jackson:** Exhibit 17, yes.

**The Chair:** Exhibit 17 will provide the reference point. Just before we continue, I seem to note a point of order by Mr Owen.

**Mr Owens:** Mr Owens, actually. My point, Mr Chair, is that we are relying only on the testimony of one witness, Mrs Dodds, at this point. Ms Martel has not testified as to what she did say in Thunder Bay that evening.

**The Chair:** Thank you very much, Mr Owens. We are going to refer to exhibit 17 as the premise for the question. I take note of your objection.

**Ms S. Murdock:** This is Ms Colley's?

**Mr Conway:** This is exhibit 17. It is a transcript, actually, involving Ms Dodds and Dr MacMillan. I believe, counsel, that it derives from the Friday, December 6 conference.

**Ms S. Murdock:** I have Ms Colley.

**Mr Conway:** Exhibit number 17.

**Ms S. Murdock:** Exhibit 17, Ms Colley.

**Ms Jackson:** I think you are looking at transcripts.

**Ms S. Murdock:** Wrong book?

**The Chair:** You are looking at transcripts. There is a black binder of exhibits.

**Ms S. Murdock:** Okay, right, sorry.

**The Chair:** We will just give you a moment to find exhibit 17.

**Ms S. Murdock:** Thank you. Okay, got it.

**The Chair:** Is that the correct exhibit, counsel?

**Mr Conway:** I am looking at the middle of the first long paragraph. "She"—meaning Martel—"said to me"—Dodds—"I have seen his records. You will lose sympathy when you see the charges that we lay against him," and she used the word criminal."

Ms Martel is going to come and tell her story next week, but we know that within 36 hours, 48 hours, of her making those charges Ms Martel was on the phone to Mrs Dodds and others saying: "What I said was untrue. It was not based in fact and I apologize for what I've said."

My point is, and it is a character question, dealing with that part of the reference that I referred to: the conduct of the minister. You and I have an advantage that some members on this committee do not have. We have known Ms Martel for some time. I am going to conclude with this again, but my difficulty is that I have all this evidence, which you may or may not have seen—you may have seen some of it on the televised portions that you may have watched this morning and otherwise.

But we as a committee have plumbed the depths of quite a few e-mails and other documents which make plain to me that some very relevant information was available to political staffers in the office of the Minister of Health at the time when a number of Sudbury area members were



very anxious to get whatever they could to defend the government's case. We know as well that there was a growing political controversy in Sudbury around this matter and we know as well that on the night of December 5 in Thunder Bay, Ms Martel said some of the things that Ms Dodds stated she did, if only because Ms Martel was quick to apologize for them. Help me again with my problem.

**Ms S. Murdock:** Okay.

1730

**Mr Conway:** If I were to forget everything I have seen here, disregard all this information, and just simply deal with what Ms Martel apparently said at Thunder Bay and her reaction by letter and then in the House later on December 9 and following, I have to accept that this bright, articulate, honourable person lied, and nothing in my considerable experience with her or her family suggests that is a likely possibility.

**Ms S. Murdock:** To say that Shelley would not lie—when she told me she said that in Thunder Bay, she said it. I believe that she did, and likewise I guess that the weekend that—I mean, having apologized so quickly could be construed as evidence of that. But we did not see any files and I have no reason to doubt Shelley, based on my whole understanding of Shelley; I have no reason to doubt that, when she says she and I saw the same thing and attended the same meetings, with the exception of the December 5 and November 15 meeting, that she saw anything.

**Mr Conway:** But you agree with me that it is not your experience with Shelley Martel that she goes around making up things for her own convenience and lying?

**Ms S. Murdock:** In keeping with the personalities, it would depend on the circumstances in terms of how it was presented to one, I guess, in terms of the Martel family, I would think, in terms of getting angry or depending on how it was done, and my understanding from everything is that it was a very trying, argumentative kind of situation.

**Mr Conway:** That answer takes me back to something Ms Colley said at the end of the day to Mr Elston. I want to look very carefully at what you have actually said there, but I thought you agreed with me earlier that the Martel family you have known is a family that is characterized by honour and integrity, not people who go around slandering others and lying.

**Ms S. Murdock:** True; I agree with you.

**Mr Conway:** You see, my other difficulty is that I would submit that on the basis of everything I have seen, there is a case—and I do not think just the case of a wilful oppositionist—that Shelley Martel may have in fact told a truth at Thunder Bay, not because she saw a file, I might add, but that somehow, some way, in the midst of all this controversy involving all these people over the period of four, five or six weeks, she somehow accessed that which was there to be accessed.

**Ms S. Murdock:** I do not believe that.

**Mr Conway:** Thank you.

**The Chair:** Mr Elston.

**Mr Elston:** I have a couple of questions. I am interested in some of the documents and particularly in your calculation. You had used a couple of public reports, I think, from the Sudbury papers to help you with your calculation. Could you just identify those at the moment, please?

**Ms S. Murdock:** Sure. The Sudbury Star, November 12; November 15, the Sudbury Star again; November 16—well, November 22, November 27, the November 29 article, all of them in the Sudbury Star, at least I—yes, put back.

**Mr Elston:** That is understandable. This is a Sudbury issue and Dr Donahue was—

**Ms S. Murdock:** Well, some of them could be Northern Life.

**Mr Elston:** Okay, but they were all northern Sudbury-issue stories.

**Ms S. Murdock:** Yes, local papers, that is right.

**Mr Elston:** It is understandable. Something that I do not understand quite as well, though, is how you could have used all of that information made public after the 12th of November to make your calculations on the 8th of November.

**Ms S. Murdock:** No. I already stated that in the testimony with Ms Jackson, because—or, actually, with the government side. The only information I had at my meeting was the information that he was paying out of—he had been on radio already in terms of stating that he was over threshold and that he was out of pocket for three months.

**Mr Elston:** Mm-hmm. That was prior to the 8th.

**Ms S. Murdock:** That was prior to the 8th, yes. And the thing was that that was pretty well known. When this article came out, that was on the 12th, yes. That is right; the Tuesday, the day after—

**Mr Elston:** So you had heard him on the radio before the 8th.

**Ms S. Murdock:** Mm-hmm.

**Mr Elston:** You had listened to that program?

**Ms S. Murdock:** Mm-hmm.

**Mr Elston:** And what was the date of that program?

**Ms S. Murdock:** It was that and MCTV. He had been on television.

**Mr Elston:** So, prior to the 8th, you had watched the MCTV report?

**Ms S. Murdock:** Mm-hmm.

**Mr Elston:** And he had revealed all of this information.

**Ms S. Murdock:** Well, “all of this information” was that he was over threshold. I mean, we had been advised by Dr de Blacam by that time, and Dr Corringham as well.

**Mr Elston:** You had had the letters from de Blacam about—

**Ms S. Murdock:** Yes.

**Mr Elston:** —the end of October. Was that the date that he had—

**Ms S. Murdock:** Well, I do not know when I would have read it, though. I mean, you read your mail when you get into your constituency office on Friday. You know



what that is like. So although I may have gotten it at a particular date, I would not have read it until the weekend.

**Mr Elston:** But early in November, in any event.

**Ms S. Murdock:** Right.

**Mr Elston:** But there was nothing in de Blacam's letter that would have indicated any detail of any description about Donahue's financial position?

**Ms S. Murdock:** Well, that he was over threshold and was going to close his office would be certainly indicated.

**Mr Elston:** But from de Blacam's letter, you would not be able to calculate or even imagine the calculation you would have to go through to describe what Donahue might bill OHIP. Is that not true? So your basis for information to help you calculate was only from MCTV and from the radio report?

**Ms S. Murdock:** My knowledge at that time was that he was out of pocket for the past three months and that he was over threshold. And then, given that I knew he was on the underserviced program, that meant that he had to be over threshold in a shorter period of time than from April 1. Do you know what I mean?

**Mr Elston:** And how was it that you knew he was on underserviced program again, please?

**Ms S. Murdock:** Shelley had told me.

**Mr Elston:** So Shelley had told you.

**Ms S. Murdock:** Mm-hmm.

**Mr Elston:** Shelley was the lead on this issue, which you have verified for us.

**Ms S. Murdock:** Mm-hmm.

**Mr Elston:** What I find difficult to understand is, then, why is it that Mr Waddell apparently is providing information out of your office, with your calculations, to Shelley's office? I would have thought if Shelley Martel's office was the lead on this, you would be using her resources.

**Ms S. Murdock:** Well, she was the lead on it, not necessarily her office was the lead on it.

**Mr Elston:** Okay, which indicates that maybe all things known were not being communicated by Ms Martel to her people in Sudbury.

**Ms S. Murdock:** That is right.

**Mr Elston:** But certainly there apparently must have been communications in the Toronto office between Ms Martel and that staff.

**Ms S. Murdock:** I have no idea what went on with that staff.

**Mr Elston:** Well, we do know that Ms Martel's office had been in contact with the Ministry of Health on several occasions to get information, for instance.

**Ms S. Murdock:** You see, okay—I mean, I do not know that, so I presume—

**Mr Elston:** But as far as Sudbury goes—

**Ms S. Murdock:** Shelley is a very hands-on person.

**Mr Elston:** That is what I know.

**Ms S. Murdock:** Knowing her, I would think that she went and got it herself, is what I would think.

**Mr Elston:** That is what we would have thought as well. In fact, there are indications that she met, with green notepapers, with Mr Decter.

**Ms S. Murdock:** Now that is in keeping exactly with—Shelley goes nowhere without taking notes.

**Mr Elston:** No place without being prepared. This woman is one of the most capable and marvellously prepared of the people here. In fact, she makes great speeches.

**Ms S. Murdock:** Well, now, are you trying to make that as a negative quality, Mr Elston?

**Mr Elston:** No, that is a positive quality, and it is what we know of her, and it is unlike her to be totally unprepared, flippant and manufacturing information. That is what we are getting at here.

**Ms S. Murdock:** Okay, I guess if you are looking at it in context, you are looking at the end of a—

**Mr Elston:** We know her to be quite a loyal person.

**Ms S. Murdock:** —at the end of a four-day tour in the north, where she has been going from 6:30 in the morning until 11 o'clock at night. I agree, but your body can only hang in so long. I would say that she, standing at a cocktail party, would not and should not be expected to be standing there holding a pile of notes or preparatory briefings.

**Mr Elston:** But you know very well that she knows her brief inside and out.

**Ms S. Murdock:** Yes, she has an excellent memory.

**Mr Elston:** She does not have to have her notes. She had her notes there to help her ask a proper question maybe with respect to some technical issues, but this woman is a marvel when it comes to having a mind that grabs on to the essence of all of the items that would come for discussion, is she not?

**Ms S. Murdock:** She is very capable.

**Mr Elston:** No question. No question. I am interested to know—

**The Chair:** Two minutes, Mr Elston.

**Mr Elston:** I am interested to know in two minutes a lot of things. I am interested why it was that this person who was so well prepared left her Sudbury office so unprepared as to require Mr Waddell to take the lead in Sudbury, or at least provide information in Sudbury, and disseminate information about your calculation and his recalculation of Donahue's income.

**Ms S. Murdock:** Well, I think you are working on a supposition that her office staff would have repeated that information, and I do not think we can say that.

**Mr Elston:** But Waddell certainly gave it to—

**Ms S. Murdock:** Oh, yes. Well, if he said he did, I presume he did, but that does not go one step further to say that they repeated it.

**Mr Elston:** I was interested as well in the Sudbury checklist which was forwarded to—

**Ms S. Murdock:** Mm-hmm. I never saw that, by the way.

**Mr Elston:** You did not see that.

**Ms S. Murdock:** Till Sunday.



**Mr Elston:** Mr Ernst—is that right?—was the person who had this?

**Ms S. Murdock:** Mm-hmm.

**Mr Elston:** It is interesting because I go down through this list and there is an item called “intelligence,” about which Mr Harnick had questioned you before.

**Ms S. Murdock:** Mm-hmm.

**Mr Elston:** It is interesting because we have other issues asking about intelligence, Mr Laughren asking the MOH to provide “the actual position of Dr Donahue” and otherwise. I am interested by a notation that says “not avail to public,” which I presume Mr Ernst has put on here as not available to the public, but by sort of extrapolation, it is available to other people. Can you tell me anything about that?

**Ms S. Murdock:** No, and what I will do is, in the undertaking that I have already agreed to do, I will ask him what that meant, because given the way these notes are written, I mean, it could have been in relation to anything, particularly since it is not attached to anything there.

**Mr Elston:** While you are going through his mind you might ask if there are materials available that he has which were not available to the public that would have been represented by this notation “not available to the public.”

**Ms S. Murdock:** Sure.

**Mr Elston:** I presume they can be made available in a closed session, if that is necessary.

**Ms S. Murdock:** Well, I will—right. I will have my counsel talk to your counsel.

**The Chair:** Mr Elston, you have time for one last question.

**Mr Elston:** One last question then: The notation—

**Ms S. Murdock:** The notation.

**Mr Elston:** —which says “not avail to public”—

**Ms S. Murdock:** Yes.

**Mr Elston:** —really clearly indicates that there were materials that the public was not being made privy to but that you—not you, but let’s say perhaps Mr Ernst, perhaps the deputy minister’s office, probably the deputy minister’s office since this is his trip and his minion’s trip that we are checking on—it is interesting to me, by the way, to have your political assistant checking on the deputy minister’s trip checklist, but that is another issue. My real question is—

**Ms S. Murdock:** It was not—no, no, it was a media package checklist before the Sudbury trip.

**Mr Elston:** Okay.

**Ms S. Murdock:** Yes.

**Mr Elston:** It is pretty obvious by that notation that there are other materials for this media kit which are not being made available to the public.

**Ms S. Murdock:** I do not—

**Mr Elston:** It says here “not avail to public.”

**Ms S. Murdock:** Yes, I realize. It is not attached to anything, though. I mean, all the other ones he has a little line out from the side—

**Mr Elston:** But it indicates that somebody has access to—

**Ms S. Murdock:** —to it to indicate—

**Mr Elston:** —some kind of other documentation, some special material that might be available that might clarify a whole group of other issues, is it not?

**Ms S. Murdock:** Well, I mean, would not—I mean, you have been a minister. You know that there is other information in a ministry that—

**Mr Elston:** But Mr Ernst obviously was told about it because he says “not available to the public.”

**The Chair:** Mr Elston, time has expired.

**Mr Elston:** My time has expired but the questions have not.

**The Chair:** I understand that. Thank you very much.

**Ms S. Murdock:** Thank you.

**The Chair:** Thank you. Now, I would just like to inform members that we are going to have to move into an in camera session, but before that I understand that there has been an undertaking provided by Ms Murdock on two or three areas and I would like counsel for clarification on that area.

**Ms Jackson:** Could I just clarify one thing, Ms Murdock. In respect of the broadcasts that you just indicated to Mr Elston were available before November 8, will that be included in the media package you are giving us?

**Ms S. Murdock:** I did not have any written, any printed—I just have the newspaper articles.

**Ms Jackson:** Do you know if you have transcripts available to you—

**Ms S. Murdock:** Never got them.

**Ms Jackson:** —somewhere of those broadcasts?

**Ms S. Murdock:** I mean, I never saw any reason to get them.

**Ms Jackson:** Is that something you can get?

**Ms S. Murdock:** I can check and see if they have them.

**Ms Jackson:** Could you, and if you are able to get them, provide them to the committee, please?

**Ms S. Murdock:** Well, as long—well, okay. Now, this sounds very chintzy and I do not mean it to, but in order to get any of that kind of thing, they ask to be paid.

**Ms Jackson:** We will pay for it.

**Ms S. Murdock:** My budget is not one that I can—

**Ms Jackson:** The committee will pay for it.

**Ms S. Murdock:** Okay. I am sorry, but I am not willing to put out any money on this issue, let me tell you.

**The Chair:** Thank you. I think you understand exactly what has been requested, and I thank you very much. We will be moving into an in camera session. We will have to take a recess for approximately five minutes so that that can be set up, so we will recess for five minutes.

The committee continued in closed session at 1745.

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M-36 1991/92

M-36 1991/92

ISSN 1180-436X

## Legislative Assembly of Ontario

First Intercession, 35th Parliament

## Assemblée législative de l'Ontario

Première intersession, 35<sup>e</sup> législature

## Official Report of Debates (Hansard)

Monday 9 March 1992

## Journal des débats (Hansard)

Le lundi 9 mars 1992

### Standing committee on the Legislative Assembly

Inquiry re  
Ministry of Health  
information

### Comité permanent de l'Assemblée législative

Enquête concernant  
certains renseignements  
du ministère de la Santé

Chair: Steven Offer  
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Published by the Legislative Assembly of Ontario  
Editor of Debates: Don Cameron



Publié par l'Assemblée législative de l'Ontario  
Éditeur des débats : Don Cameron

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# LEGISLATIVE ASSEMBLY OF ONTARIO

## STANDING COMMITTEE ON THE LEGISLATIVE ASSEMBLY

Monday 9 March 1992

The committee met at 1021 in room 151.

### INQUIRY RE MINISTRY OF HEALTH INFORMATION

**The Chair:** Good morning, members of the committee. As some members already are aware, there have been some scheduling delays this morning which will require this committee to stand adjourned until 11 am, at which time those who were to appear before us will be able to. There have been some delays and difficulties in getting before the committee, and I think in fairness to all members of the committee and to all in the room, we should and will adjourn until 11.

However, prior to doing so, members of the committee and the subcommittee will know that there is now going to be distributed the transcript of an in camera proceeding with the Minister of Health. It deals with her responses to questions posed in an in camera proceeding on a matter that was not of a confidential but rather of a private nature, and the subcommittee last week decided to release it to the public. That exhibit is now marked as exhibit 90.

Having said that, this committee shall be adjourned until 11 am.

The committee recessed at 1022.

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**The Chair:** We will call to order this meeting of the standing committee on the Legislative Assembly. I would like to thank everybody for their patience in the one-hour recess. It was unavoidable, but we are now ready to resume. For members of the committee, you will note on your agenda three witnesses we will be calling today. We will be calling witness number 2, Susan Majkot, first. Depending upon when the committee has completed its questioning, it may be that Dr Donahue will be called thereafter, but it is still a little much for decision at this point in time, but I just wanted to give members of the committee and others some prior information on how the witnesses for today may be called.

SUSAN MAJKOT

**The Chair:** Having said that, I would invite Miss Susan Majkot to the table. Good morning, Ms Majkot.

**Ms Majkot:** Good morning.

**The Chair:** Ms Majkot, it has been the practice of this committee that prior to questions and answers of the committee, witnesses are administered an oath. I understand that has been explained to you earlier. I would like to invite the clerk to administer the oath at this time.

Susan Majkot, sworn.

**The Chair:** Thank you very much. Ms Majkot, again, as a warning that has been provided to all who have come before the committee, in the event that you are asked a question which you cannot properly answer without divulging

information which you feel is of a confidential nature, then could you please advise the committee and if an answer cannot be given without divulging such confidential information, then we can proceed in camera so that this information can be elicited. Having said that, I would invite our counsel, Patricia Jackson, to commence questioning.

**Ms Jackson:** Thank you, Mr Chairman. Ms Majkot, I understand that you are a resident of Sudbury.

**Ms Majkot:** That is correct.

**Ms Jackson:** Where you have lived all your life.

**Ms Majkot:** Basically, yes.

**Ms Jackson:** And that you have at the moment at least two jobs, one working as a communicator with the Sudbury regional police and in the evenings in a local movie theatre.

**Ms Majkot:** That is right.

**Ms Jackson:** And you are a parent?

**Ms Majkot:** Yes.

**Ms Jackson:** And you have two children?

**Ms Majkot:** That is correct.

**Ms Jackson:** An older son and a daughter who is 15 years old.

**Ms Majkot:** That is correct.

**Ms Jackson:** And as I understand it, your daughter has been a patient of Dr Donahue for some period of time.

**Ms Majkot:** Since Dr Donahue came to Sudbury, yes.

**Ms Jackson:** And as a result of your daughter being a patient of Dr Donahue, did you become aware in November 1991 that Dr Donahue might be closing his office?

**Ms Majkot:** Yes. She came home from the doctor's office with a letter stating that he would be closing his office.

**Ms Jackson:** Now, I said I was not going to ask you to look at any exhibits; I am going to just ask you to look at one, if you could. In the black volumes in front of you, could you look at the exhibit that is at tab 48?

**Ms Majkot:** Can I get my glasses, please?

**Ms Jackson:** Oh yes, I am sorry. If you would take a minute and read that, Ms Majkot, then I am going to ask you if that was the letter or the kind of letter your daughter brought home.

**Ms Majkot:** I cannot say that it is the exact content, but it is the type of letter she brought home.

**Ms Jackson:** All right. When you learned that, did you do anything as a result of learning of the prospect of the closure of Dr Donahue's office?

**Ms Majkot:** Not at first. I believe it was about two days later when I did make a phone call to Shelley Martel's office.

**Ms Jackson:** Why did you call Shelley Martel's office?

**Ms Majkot:** My daughter attends at Dr Donahue's office as often as three times a week and the closure of his office was going to cause a lot of stress to her and a lot of problems. I was quite concerned that we would have no dermatologist in northern Ontario.

**Ms Jackson:** Had you ever called Miss Martel's office or any politician's office about anything ever before?

**Ms Majkot:** No. I am the most unpolitical person you want to know.

**Ms Jackson:** Do you remember what day it was that you made this telephone call?

**Ms Majkot:** It was the Friday.

**Ms Jackson:** Do you remember what time of day approximately you made the call?

**Ms Majkot:** I believe—I am not sure if it was just before lunch or just after lunch.

**Ms Jackson:** Who did you speak to, do you know?

**Ms Majkot:** At first I spoke to the receptionist.

**Ms Jackson:** And what did you say?

**Ms Majkot:** I told her that I wanted to speak to someone regarding the closure of Dr Donahue's office, "I want to speak to Shelley Martel." She told me Shelley Martel was not in; Miss Martel was not in, she was in a meeting and could not be reached. I said, "Well, I would like to speak to someone," and she stated, "Would the administrative assistant be of help to you?" and I said, "Sure, I'll talk to her."

**Ms Jackson:** Did she tell you who the administrative assistant was?

**Ms Majkot:** She may have given the name and I am sure when the lady came on the phone she gave her name, but I am sorry, I do not remember it.

**Ms Jackson:** Do you know the name of the receptionist to whom you spoke at the—

**Ms Majkot:** No, she never introduced herself whatsoever.

**Ms Jackson:** When the administrative assistant came on the line, what did you say?

**Ms Majkot:** I was quite adamant that I thought it was really wrong that Dr Donahue was closing his office and we would be without any dermatologist, and she stated it was Dr Donahue's doing that he closed the office, and I said, "I understand it has something to do with OHIP," only because my daughter had heard a rumour previous and came home and told me about it. She kind of chuckled and she said—

**Ms Jackson:** Can I just ask you, you say your daughter had heard a rumour. What rumour had your daughter heard?

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**Ms Majkot:** That it had something to do with OHIP billing, but she did not know and I did not know.

**Ms Jackson:** You mentioned that to the administrative assistant, and what did she say?

**Ms Majkot:** She chuckled and she said—I do not know the exact words she said, but something to the extent that Dr Donahue had been practising illegal billing procedures.

I said, "Pardon?" and she said, "Dr Donahue is billing illegally and we have the documentation to prove it." And she asked me if I would like a copy of the documentation.

**Ms Jackson:** Did she say anything else?

**Ms Majkot:** I said yes, I wanted a copy of the documentation, and she took my name and my address and everything. Then I said: "I still don't think it's right. I think something should be done because of the area that he services." She said, "Well, when the public becomes aware of what he's doing, they won't be so supportive towards him."

**Ms Jackson:** Did she say anything else?

**Ms Majkot:** That was it.

**Ms Jackson:** You have used the words "billing illegally" and that his practices were illegal. Were those words used?

**Ms Majkot:** Definitely, because I could not believe she was saying that to me. In fact, the first time she said it I took the phone and looked at it and thought, "I don't believe she's saying this."

**Ms Jackson:** Did you ask her what she meant by the fact that he was billing illegally?

**Ms Majkot:** Not really. I asked her to repeat it, because I do not understand a lot of the billing practices. Truthfully, that is not my concern. I was just concerned about the care of my daughter.

**Ms Majkot:** Was anything else said in that telephone conversation?

**Ms Majkot:** No. She would send me documentation when they had compiled it all.

**Ms Jackson:** Did she ever send you any documentation?

**Ms Majkot:** No, I never received anything.

**Ms Jackson:** Did anybody ever send you any documentation?

**Ms Majkot:** No, nothing.

**Ms Jackson:** Did you ever contact the office again?

**Ms Majkot:** No.

**Ms Jackson:** Did you ever speak with anyone from Shelley Martel's office in any other context again?

**Ms Majkot:** No, I did not.

**Ms Jackson:** Did you ever speak to any other political office about this issue?

**Ms Majkot:** No, I did not.

**Ms Jackson:** Did you do anything as a result of this telephone conversation?

**Ms Majkot:** Not at first, because I am very busy and I am very seldom at home. It was kind of coming more news media, and then I was trying to follow it as much as I can to see what was happening. I did not know where she was coming from when she told me that he was billing illegally. So I was just waiting to see what would happen and what would come from that.

**Ms Jackson:** Did anything happen that caused you to remember this conversation later on?

**Ms Majkot:** Yes. Actually, I saw the newscast with the lady from Thunder Bay. I was sitting there with my son



and I said that she heard almost word for word exactly what I had heard and I thought it was rather strange.

**Ms Jackson:** After you made that observation or that connection, did you do anything about the conversation you had had earlier?

**Ms Majkot:** No, I still did not.

**Ms Jackson:** Did you mention it to anybody?

**Ms Majkot:** Just people at work, you know, just that we were following the case, and basically my family.

**Ms Jackson:** Did you have occasion, ultimately, to speak to Dr Donahue about this conversation?

**Ms Majkot:** The next time I got in, because of my job, with my daughter, was in February.

**Ms Jackson:** You mean that is the next time you saw Dr Donahue?

**Ms Majkot:** That is correct.

**Ms Jackson:** Your daughter continued to go, but he—

**Ms Majkot:** Yes, she goes. I cannot always go because of my job.

**Ms Jackson:** Just so we have it, for a period in there, as I understand it, Dr Donahue's office was closed?

**Ms Majkot:** That is correct.

**Ms Jackson:** But when he reopened, your daughter resumed going to him?

**Ms Majkot:** That is correct.

**Ms Jackson:** On one occasion in February, you went with your daughter?

**Ms Majkot:** That is right.

**Ms Jackson:** Did you have occasion to speak to Dr Donahue about this conversation when you went?

**Ms Majkot:** I asked to speak to Dr Donahue. I wanted him to know, because I did not feel that—I did not know what the circumstances were, but I did not feel that anybody had the right to say that about another person, especially at the time that I had heard it.

**Ms Jackson:** And did you speak to Dr Donahue?

**Ms Majkot:** I just told him basically the three sentences I told you about billing illegally and public support would not be with him.

**Ms Jackson:** What did he say?

**Ms Majkot:** He thanked me and said, unfortunately, unless I was willing to repeat it to somebody else, there was nothing much that he could do about it. I told him I was willing to repeat it, because I did not think it was right.

**Ms Jackson:** Was there any suggestion made as to what you should do about it then?

**Ms Majkot:** No. He told me that he would give my name, if that was all right, to someone who would get in contact with me.

**Ms Jackson:** And ultimately did somebody contact you?

**Ms Majkot:** Yes.

**Ms Jackson:** Who was that?

**Ms Majkot:** Robin Smith.

**Ms Jackson:** Do you know who she is?

**Ms Majkot:** She is—I cannot remember his name, I am sorry, that I believe she is the assistant to.

**Ms Jackson:** Mr Elston?

**Ms Majkot:** Thank you, yes.

**Ms Jackson:** Did she speak to you about this conversation?

**Ms Majkot:** Yes. She called me on a Friday night. She called me originally at my place of employment and stated that she would call me at home, and that was fine. She called me and asked me the information I had. I told her, and she said Mr Elston would be calling me Saturday morning.

**Ms Jackson:** And did he?

**Ms Majkot:** He called me Saturday, approximately 11 o'clock.

**Ms Jackson:** And you repeated what you have told the committee.

**Ms Majkot:** That is correct.

**Ms Jackson:** Subsequently, then, someone from my office contacted you.

**Ms Majkot:** That is correct.

**Ms Jackson:** And you repeated what you have told the committee again.

**Ms Majkot:** That is right.

**Ms Jackson:** In any of those conversations, Ms Majkot, did anybody ever suggest to you any wording in terms of what you had been told by Shelley Martel's office?

**Ms Majkot:** None whatsoever. They did not give me any encouragement whatsoever.

**Ms Jackson:** So what you have told the committee here today is your own recollection of what you were told.

**Ms Majkot:** Yes.

**Ms Jackson:** Not prompted by anyone.

**Ms Majkot:** No, not at all.

**Ms Jackson:** Can you explain why you did not raise this with anyone other than sort of in coffee conversation at work until you raised it with Dr Donahue in February?

**Ms Majkot:** I was kind of watching as much as I could to see what proceeded, I guess to see if there was any fuel to the fire or what was happening.

**Ms Jackson:** To see if there was any which?

**Ms Majkot:** Fuel to the fire. I felt if there was something illegal being done, somebody would be looking into it. I really did not want to get involved. Part of the reason is I am really a busy person. It sounds awful, but I work 16- and 18-hour days and I am very seldom home. I am not always able to follow what is going on.

**Ms Jackson:** I realize I have neglected to get your best recollection of the particular day. You said this telephone conversation was on a Friday.

**Ms Majkot:** That is correct.

**Ms Jackson:** Are you able to link it to any event that would assist in determining which Friday it was?

**Ms Majkot:** The only reason I remember which Friday it was is that I had seen on the 6 o'clock news that Dr

Donahue—I believe it was the day he closed his office and he and all his employees were present at a meeting at Civic Square in Sudbury. I think Shelley Martel was there, but I am not sure, and I thought, “Gee, that must be the meeting they were referring to,” when she was not available to come to the phone.

**Ms Jackson:** That is something you saw on television that night.

**Ms Majkot:** On the 6 o’clock news.

**Ms Jackson:** After you had had this conversation.

**Ms Majkot:** That is correct.

**Ms Jackson:** From what you saw on television, you knew there was a meeting and it was in Civic Square.

**Ms Majkot:** Mm-hmm.

**Ms Jackson:** And Dr Donahue was there.

**Ms Majkot:** Yes, and all his employees.

**Ms Jackson:** All his 14 staff.

**Ms Majkot:** That is right.

**Ms Jackson:** Thank you, Ms Majkot. Those are my questions.

**The Chair:** I look to government members. We will limit the questions to 15 minutes per caucus. Mr Christopherson.

**Mr Christopherson:** Ms Majkot, could you please repeat for me the conversation you had with the administrative assistant?

**Ms Majkot:** I stated that I was upset that Dr Donahue was leaving Sudbury and there would be no dermatologist in the northern Ontario region, particularly Sudbury, and she stated that it was not their doing, that he chose to close up his office and leave.

I said, “But you must realize we are not going to have any dermatologist,” and she said, “Dr Donahue has been practising illegal billing,” or “has been billing illegally.” I said, “Pardon?” and she said, “He has been practising illegal billing and we have the documentation to prove it, and we can send you a copy if you like.” I said, “Yes, I would like to see the copy.” Then she stated that when the public becomes aware of this, they will not be so supportive towards him.

**Mr Christopherson:** How long do you recall the conversation was?

**Ms Majkot:** It was not really very long. It was longer trying to get through their receptionist to the administrative assistant.

**Mr Christopherson:** Did the administrative assistant suggest to you in any way that the information or the comments that—was it a she?

**Ms Majkot:** It was a she.

**Mr Christopherson:** —that she was making were sort of off the record or on the QT? Sometimes by a tone of voice you can get a suspicion that someone is trying to send you a message of, “Look, I just wanted to tell you something.” Did you get the feeling that this was the kind of conversation, or was she very forthright about what she was saying?

**Ms Majkot:** She came right out and said it. I did not get the impression that it was off the record. It might have been meant to be, but I did not get that impression.

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**Mr Christopherson:** So your impression was that she was not reticent about offering up the information at all—

**Ms Majkot:** No.

**Mr Christopherson:** —and that this was straightforward?

**Ms Majkot:** I was shocked, because I asked her to repeat it and she repeated it.

**Mr Christopherson:** And was any of this consistent with anything else you had heard? Apparently there was a fair bit floating around Sudbury. Was this consistent with anything else you had heard on TV or on the radio?

**Ms Majkot:** Not when I first made the phone call, no. There was very little. I did not realize why he was closing his office until—I am guessing—it was about two days previous to this phone call when my daughter came home and said, “It has something to do with OHIP.”

**Mr Christopherson:** Could I move you to your discussion with Dr Donahue in his office? Again, could you please recall that for me?

**Ms Majkot:** My daughter went in for treatment and I asked the receptionist if I could see Dr Donahue and she said he was very busy. I said, “I have something to tell him about the Shelley Martel inquiry,” and between patients he saw me. I was in and out of the office, I would say, in about two minutes. I told him basically what she had said. He thanked me. He took my name and my address, asked if I would repeat it, and that was it.

**Mr Christopherson:** You mentioned to him the words you say you heard: “illegal billing.” Did the doctor make any comment when you mentioned that to him? Did he respond in any way, shape or form? So those few lines were the only discussion you had with Dr Donahue about that particular issue and anything else would have been perhaps about your daughter? Any other conversation you had with Dr Donahue would have been about—

**Ms Majkot:** We did not even discuss my daughter. I was in and out very quickly.

**Mr Christopherson:** And did you ask where you could take your comments, or did Dr Donahue offer to assist in putting you in touch with someone?

**Ms Majkot:** I assume you would call it an assist. He asked if I would be willing to repeat it for somebody else and I said yes.

**Mr Christopherson:** Did the doctor happen to mention to you why he would even suggest that there would be a benefit to having it repeated?

**Ms Majkot:** No.

**Mr Christopherson:** Did you question that at all? Did it occur to you why he might make that statement?

**Ms Majkot:** No, it did not. I think I could see a reason.

**Mr Christopherson:** And what did you think the reason was?



**Ms Majkot:** I hesitate to use the word "slanderous" because I am not that sharp on the law, but when she said the comment, I thought: "This doesn't sound right. Basically, she's telling me, who's just basically a nobody, somebody off the street." I do not know why I was picked out.

**Mr Christopherson:** Did Dr Donahue suggest that anybody else had come to him with the same type of call or discussion with anybody else attached to Ms Martel?

**Ms Majkot:** Actually, he did say, "Several people have come forth with information."

**Mr Christopherson:** Come forward to him?

**Ms Majkot:** Yes. I assumed.

**Mr Christopherson:** I am sorry?

**Ms Majkot:** I assumed it was to him.

**Mr Christopherson:** So that was another part of the conversation.

**Ms Majkot:** Yes. I am sorry.

**Mr Christopherson:** And did he mention what he recommended or advised or suggested to those folks?

**Ms Majkot:** No.

**Mr Christopherson:** So you had no sense in your discussion with him whether or not you were doing something that others were doing too or whether it was just you? There was no sense of that in your mind?

**Ms Majkot:** No. I certainly did not feel I would end up here. Let's put it that way.

**Mr Christopherson:** Okay. Could I take you to your discussion with Mr Elston's assistant—I am sorry, I did not get the name—Miss Smith? You received a call from Ms Smith?

**Ms Majkot:** That is correct.

**Mr Christopherson:** And that was on a Friday also, you said?

**Ms Majkot:** The first call I received—I believe it was the night before. I was working at the theatre; I am a projectionist. She could hear the machines running and knew I was very busy. She said she would call me at home.

**Mr Christopherson:** And how long was this since you had been at Dr Donahue's office?

**Ms Majkot:** I believe it was about two weeks ago. Was it a week or two weeks ago?

**Mr Christopherson:** Sorry, weeks ago or weeks in between? I just did not hear the word.

**Ms Majkot:** I am trying to remember if it was one week or two weeks ago.

**Mr Christopherson:** Ago?

**Ms Majkot:** Yes.

**Mr Christopherson:** So there was some—so what would the time lag be between when you were in Dr Donahue's office to when you got the call?

**Ms Majkot:** It would probably be not last Friday, the Friday before, and I believe I was in approximately—I think she saw him on February 13, right around that time.

**Mr Christopherson:** Okay, so we are talking a week, two weeks? I am trying to get a sense, from when you

were in Dr Donahue's office as opposed to to from now, of when you got the call.

**Ms Majkot:** I believe my daughter's appointment was the 13th, and this is the 9th, and that was the 7th—approximately two weeks, March 1.

**Mr Christopherson:** About two weeks. Could you again recall that conversation for me? She called up, identified herself—

**Ms Majkot:** That is right.

**Mr Christopherson:** And what did she ask you?

**Ms Majkot:** She said, "I understand you made a phone call to Shelley Martel's office," and I said yes. She said, "Could you relay the conversation?" and I did. She asked me if I had ever called any political office and I said no. She asked me why I called Shelley Martel's office. I said: "It kind of just was a name I recognized. There was no particular reason." I thought she was our member. I still do not know, I am sorry to say. Her name was on the list and I just picked her name.

**Mr Christopherson:** The list?

**Ms Majkot:** This letter that—

**Mr Christopherson:** The letter that Dr Donahue put out.

**Ms Majkot:** What else did she ask me? I do not think there was much else she asked me. She asked me if I had—she told me then that Murray would be calling me Saturday to ask me. She said this is, uh—"I think somebody else should know about this information"; I think that is basically what she said.

**Mr Christopherson:** And then Mr Elston called?

**Ms Majkot:** Yes.

**Mr Christopherson:** Can you tell me about that conversation, please?

**Ms Majkot:** It was almost a repeat of the one the night before. He asked me about the phone call and what was said. Oh, Robin Smith did ask me if I remembered the lady's name, and I said no, and she named one name and I said, "I couldn't tell you if that was the name or not." And the next day he called and asked me to repeat the conversation, and asked me if I had spoken to anybody else. That is basically it. He said somebody from Ms Jackson's office would be getting in touch with me.

**Mr Christopherson:** Somebody from whose office would be in touch?

**Ms Majkot:** Ms Jackson's office.

**Mr Christopherson:** And then that is right, and you received the call from Ms Jackson's office?

**Ms Majkot:** Yes.

**Mr Christopherson:** And then what happened?

**Ms Majkot:** A lady—Lillian Dodds, is it? Sorry. Lillian called me from your office and basically asked me the same questions. I have been asked the same questions a number of times.

**Mr Christopherson:** And now you are getting them all again today, right? Yeah.

Have we established for sure—through you, Mr Chair, to Tricia—the name of the administrative assistant?

**The Chair:** One moment.

The short answer to your question is, conclusively, no.

**Mr Christopherson:** Thank you. I think that clarifies, and I understand what will happen in terms of subcommittee business—

**The Chair:** Yes.

**Mr Christopherson:** —and my colleague Mr Kormos has a question.

**The Chair:** Thank you very much. Mr Kormos.

**Mr Kormos:** Thank you, Chair. It was the news reports of Ms Dodds, when she was down here at this committee hearing—was it the news reports of that occasion that sort of triggered your memory?

**Ms Majkot:** No, it was the news reports, I believe, from Thunder Bay.

**Mr Kormos:** Yes.

**Ms Majkot:** She appeared on our TV stating that Miss Martel had told her this. I do not believe it was from here; I think it was still—it was right after it happened, a few days after, so I believe she was still in Thunder Bay.

**Mr Kormos:** Again, because even though I have been here for a few weeks now, I am having a hard time keeping the time frames straight, around when would that have been?

**Ms Majkot:** Whenever Miss Martel was in Thunder Bay; shortly after.

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**Mr Kormos:** The news report containing Ms Dodds's comments, the ones that sort of triggered your recollection?

**Ms Majkot:** No, I remembered all along what they had said, but I did not think much of it other than I did not think it was right that they were said. But when she repeated almost—

**Mr Kormos:** You did not think it was right that this was told you?

**Ms Majkot:** No, I did not.

**Mr Kormos:** You found that a little—what?—offensive, I would think.

**Ms Majkot:** I found it odd. I do not know if I would say offensive, but I found it very odd.

**Mr Kormos:** Peculiar?

**Ms Majkot:** Okay. Strange.

**Mr Kormos:** Strange, sure. We could run through the whole thesaurus.

**Ms Majkot:** I did not know the reason why it was told me. Let's put it that way.

**Ms Kormos:** Okay, but you had been calling to register your protest—

**Ms Majkot:** Yes.

**Mr Kormos:** —in accordance with the mailout or the sheet that Dr Donahue's office had provided, I presume in your mind to a number of people.

**Ms Majkot:** That is right.

**Mr Kormos:** The names of MPPs on the bottom of it, huh?

**Ms Majkot:** That is right.

**Mr Kormos:** Did you call any others, just by the way?

**Ms Majkot:** No. I probably never will call again now.

**Mr Kormos:** Well, you never can tell.

**Ms Majkot:** No.

**Mr Kormos:** Did you call Ms Martel's office? Again, I appreciate you said you were not entirely sure she was your MPP, but she was the one you figured was your MPP.

**Ms Majkot:** Most visible to me, most familiar.

**Mr Kormos:** You called the person a receptionist. That is the person who answered the phone, I trust.

**Ms Majkot:** Yes.

**Mr Kormos:** And that person identified themselves as the receptionist?

**Ms Majkot:** No.

**Mr Kormos:** Okay. You asked for Shelley?

**Ms Majkot:** Yes, I asked for Miss Martel.

**Mr Kormos:** And that person said: "Shelley's not available. She's in a meeting."

**Ms Majkot:** That is right.

**Mr Kormos:** If you ever do call again, you will notice that is the standard line used for almost all MPPs in all MPPs' offices.

**Mr Harnick:** Speak for yourself.

**Mrs Cunningham:** Speak for yourself, Peter.

**The Chair:** Order, please. Mr Kormos.

**Mr Kormos:** Often times you have to push a little to get down to the nitty-gritty.

**Ms Majkot:** You see, that's the difference. When you call my house and I am not home, they say I am at work.

**Mr Kormos:** Exactly.

**The Chair:** Mr Kormos, if I can just give you some notice. I have added another minute as a result of Mr Christopherson's question. There are two minutes left.

**Mr Kormos:** Thank you. So I have two minutes left.

**The Chair:** Yes. So if you could please—

**Mr Kormos:** The receptionist, the person who said to you, "Shelley's not available," suggested you talk to this other person, the administrative assistant?

**Ms Majkot:** That is correct.

**Mr Kormos:** You do not remember the name of that person?

**Ms Majkot:** No, sorry, I do not.

**Mr Kormos:** If indeed that person was identified to you.

**Ms Majkot:** No. I would not like to accuse somebody, you know.

**Mr Kormos:** Fair enough. What time of day are we talking about here?

**Ms Majkot:** It seems to me I feel it was about 11 o'clock.

**Mr Kormos:** Roughly. Again, I appreciate—



**Ms Majkot:** I do not know why that time—it was either 11 or 1, but 11 seems to stick in my mind.

**Mr Kormos:** It was some time before you had a chance to see Dr Donahue again, because you just did not have occasion to visit his office with your daughter.

**Ms Majkot:** That is right. My daughter goes usually by herself.

**Mr Kormos:** And you tell us you raised the matter with Dr Donahue. Since then, of course, you have been called by Mr Elston and his office, and I trust by Ms Jackson or her—I was going to call it high-priced Bay Street law firm, but I do not know whether it is on Bay Street or even necessarily high priced.

**The Chair:** Mr Kormos.

**Mr Kormos:** Since then, this has been put down in writing for you now, huh?

**Ms Majkot:** No.

**Mr Kormos:** Nobody has ever written it down, would it be fair to say about this? Nobody has ever—

**Ms Majkot:** All my contacts have been by telephone. I do not know if they are writing it down.

**Mr Kormos:** Oh, I see. So you never met with Ms Jackson or her office?

**Ms Majkot:** No. Today was the first day I met her. And I could never remember Mr Elston's name. You can see how good I am with names.

**Mr Kormos:** That may well explain some recent provincial history.

**Ms Majkot:** But I do remember your name.

**Mr Kormos:** Bless you. There may be some caucus members of his who are in a similar position; I am not sure. In any event—

**The Chair:** Mr Kormos, just—

**Mr Kormos:** Wrap it up.

**The Chair:** Thank you.

**Mr Kormos:** Has anybody told you since then that you may well be called upon not only to tell us what you are telling us today, but that this may be important down the road, perhaps in litigation or other matters that might develop?

**Ms Majkot:** Miss Jackson's office—Lillian was the first lady that said I may be called.

**Mr Kormos:** To be here today?

**Ms Majkot:** To be here today. Nobody said anything else.

**Mr Kormos:** Okay, thank you.

**Ms Majkot:** Do you mean I am going to come back?

**Mr Kormos:** Have a good visit here and a good trip back.

**The Chair:** Thank you very much. Mr Conway.

**Mr Conway:** Thank you very much, Mr Chairman. Ms Majkot, I would just like to go back to one of the last questions Ms Jackson asked you about, and that was trying to tie down the date in November when you called Ms Martel's office. You indicated it was a Friday, you thought.

Would I be right in saying that might have been Friday, November 15?

**Ms Majkot:** I believe that was November 15.

**Mr Conway:** Thank you very much.

**The Chair:** Are there any further questions? Mr Harnick.

**Mr Harnick:** Very briefly, you indicated you did not have a long conversation with Ms Martel's office, but was it obvious to you that the person who came on to the phone to discuss this matter with you was a person well conversant with the issue?

**Ms Majkot:** Yes.

**Mr Harnick:** Was it clear to you that the kinds of things they were saying were the stock answers that they were providing to everyone who called on this matter, or could you not tell?

**Ms Majkot:** I could not tell.

**Mr Harnick:** All right. The other thing you said when Mr Christopherson was asking you some questions was that up until this time you had not heard rumours about these issues in the community generally. Is that correct?

**Ms Majkot:** That is right. About the OHIP? Definitely.

**Mr Harnick:** And about Dr Donahue generally?

**Ms Majkot:** I do not remember the time frame; just that he was planning to close his office. They had given my daughter warning.

**Mr Harnick:** Other than that you had not heard any other rumours running rampant through the community?

**Ms Majkot:** Total surprise.

**Mr Harnick:** All right. One other question that has nothing to do with this: I think you said you were a projectionist.

**Ms Majkot:** Yes.

**Mr Harnick:** Are you a member of the projectionists or the film handlers union?

**Ms Majkot:** The International Alliance of Theatrical Stage Employees and Moving Picture Machine Operators of US and Canada, yes.

**Mr Harnick:** I used to be a member of that union. Okay, thanks.

**Mr Hope:** They kicked you out.

**Mr Owens:** There goes your career with the Tory caucus.

**Mr Harnick:** It was just a summer job; they made me do it.

**The Chair:** Order.

**Mrs Cunningham:** I have a question with regard to a comment you made when you were describing either the telephone conversation with the receptionist, or perhaps your remarks were related more to what you had heard down the road with regard to what Ms Martel had said. You used some interesting words, I think, as a person who picked up the phone and called an office for the first time. You intrigued me. You said, "I didn't think anybody had the right to say that." What were you referring to when you said that? Were you referring to the receptionist or to what

you read in the newspaper or what you saw on TV or perhaps the whole thing?

**Ms Majkot:** Basically what the administrative assistant had said to me, because I had no inkling that there was a problem there. I always go by the precept that you are innocent until proven guilty, and it just seemed to come totally out of the blue. I did not realize that he was, or if he was, under any type of scrutiny. I did not know what the problem was other than my daughter coming home and saying, "It's got something to do with OHIP." I thought maybe we would have to pay some extra money. That was fine.

**Mrs Cunningham:** But your remarks really did refer to the billing illegally—

**Ms Majkot:** Yes.

**Mrs Cunningham:** —and the public awareness. They would be less supportive coming from the person who worked in an MPP's office?

**Ms Majkot:** No, no, just anybody who would say that. I am not sure what the law for slander is, but I got off the phone and said to my mother: "That's not right. What was said is not right."

**The Chair:** Seeing no further questions, I would like to thank you very much, Ms Majkot, for coming before the committee today.

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JEAN-PIERRE DONAHUE

**The Chair:** To the members of the committee, the next witness we are going to be calling is Dr Jean-Pierre Donahue. Good morning, Dr Donahue.

**Dr Donahue:** Good morning.

**The Chair:** Again, prior to entering into questions and answers it has been the custom of this committee that the clerk administers an oath for every witness, and at this point I would like to invite the clerk to do so.

Jean-Pierre Donahue, sworn.

**The Chair:** Thank you very much. Dr Donahue, as we go through the questions and answers, both by counsel and by each respective caucus, I would like to remind you—and I have given this warning to all witnesses coming before the committee—that in the event you are asked a question which you cannot properly answer without divulging confidential information, could you then please advise the committee? If there is not a way to disclose this information without divulging confidential information, then this committee can address the matter in an in camera proceeding.

Having said that, I would like to invite counsel Jackson to commence questioning.

**Ms Jackson:** Dr Donahue, I understand that you are originally from Montreal, sir?

**Dr Donahue:** Yes, that is right.

**Ms Jackson:** And that you attended university initially at McGill in Montreal?

**Dr Donahue:** Yes.

**Ms Jackson:** And then went to medical school at McMaster University, from which you graduated in 1981?

**Dr Donahue:** Yes, that is right.

**Ms Jackson:** You then went into an internship program at the University of Western Ontario, where you were from 1981 to 1982?

**Dr Donahue:** Well, actually, the medical internship that I attended was at the Toronto Western Hospital—

**Ms Jackson:** I am sorry.

**Dr Donahue:** —which is part of the University of Toronto system.

**Ms Jackson:** All right. And thereafter you attended McGill again for three years, studying to become a specialist in dermatology?

**Dr Donahue:** That is right.

**Ms Jackson:** And you in fact obtained your fellowship in dermatology in 1985?

**Dr Donahue:** That is right.

**Ms Jackson:** Thereafter you attended the University of Colorado for three years and, as a result of that, obtained a fellowship in dermatopathology?

**Dr Donahue:** It is dermatopathology; it is a difficult one to pronounce. It would have been two years, actually, in Colorado, not three, because I came back in 1987. So that is about two years.

**Ms Jackson:** Fine. And when you finished your fellowship in dermatopathology, you had to determine where you were going to go to practice, and indeed you decided to go to Sudbury?

**Dr Donahue:** It was a difficult decision, but Sudbury was one of the choices, yes.

**Ms Jackson:** And that was in part because you were quite actively recruited by the city of Sudbury and with the assistance of the underserved area program?

**Dr Donahue:** Yes, that is right.

**Ms Jackson:** And you moved to Sudbury, sir, as I understand it, in the summer of 1987?

**Dr Donahue:** Yes.

**Ms Jackson:** And as you understand it, began on the underserved area program some time in the summer of 1987?

**Dr Donahue:** That is right.

**Ms Jackson:** Now, Dr Donahue, you were—well, let's talk about the fall of 1991. In the fall of 1991 you were practising dermatology in Sudbury?

**Dr Donahue:** Yes.

**Ms Jackson:** And you in fact were running a dermatology clinic?

**Dr Donahue:** Office, clinic, yes, whatever term you want to use.

**Ms Jackson:** With, as you have told me, 14 employees?

**Dr Donahue:** That is right.

**Ms Jackson:** Six of whom were nurses?

**Dr Donahue:** Yes, registered nurses.

**Ms Jackson:** Four were secretaries?

**Dr Donahue:** Yes.

**Ms Jackson:** And four were technologists?

**Dr Donahue:** Yes, that is right.



**Ms Jackson:** Were the last four electrologists?

**Dr Donahue:** Yes.

**Ms Jackson:** And at your clinic you did then, and do now, treat a number of dermatological illnesses, including serious diseases of the skin like cancer?

**Dr Donahue:** Yes, that is true.

**Ms Jackson:** You also, for a period of time, had an epilation component to your practice?

**Dr Donahue:** I still do.

**Ms Jackson:** In the fall of 1991 and in the months leading up to that, the average portion of your practice devoted to epilation, if we were to take it as a percentage of billings, was approximately 25%?

**Dr Donahue:** That would be a reasonable approximation.

**Ms Jackson:** Now, the committee has heard, Dr Donahue, that the question of how epilation should be treated in terms of the OHIP schedule of benefits was the subject of some discussion and debate among the Ministry of Health and practitioners in the period leading up to November 15, 1991. That is your understanding as well?

**Dr Donahue:** I would say that the question was probably under active discussion for two or three years prior to then.

**Ms Jackson:** And the result of that discussion was a decision by the ministry to delist epilation as an OHIP service effective November 15, 1991?

**Dr Donahue:** Yes, that is right.

**Ms Jackson:** During the period where this was all the subject of some active discussion, Dr Donahue, were you a participant in that public debate?

**Dr Donahue:** Yes, to some extent.

**Ms Jackson:** I would just like you to turn up two exhibits that reflect that. If you could look at the black volumes, Dr Donahue, that are in front of you, the two I am going to look at are exhibits 70 and 71; 71 first, if you would not mind.

**Dr Donahue:** I have 70.

**Ms Jackson:** If we could go back to 71, somewhat peculiarly it is earlier in time. It is a quick note of October 26, 1990, in the Toronto Star which makes reference to your involvement, and you make reference to a letter-writing campaign on the issue. There was a letter-writing program that went on at that time and you had occasion to comment on it?

**Dr Donahue:** Pretty well. There were many women who were receiving electrolysis under medical supervision for some very necessary reasons. They were quite concerned that their treatments would be terminated and they essentially began to express their concerns to their MPPs as well as to the Ministry of Health. In support of their points of view with regard to the importance of continued service I made some public statements and I wrote a letter to the ministry as well.

**Ms Jackson:** Briefly stated, Dr Donahue, what was your position on this issue and what was your reason for it?

**Dr Donahue:** Electrolysis is a service that unfortunately has been, well, maligned both here and unfortunately prior to that. What had been happening over the past two or three years, meaning as far back as 1990, was that a professional association of private electrologists had in fact been lobbying the government to delist it, to remove it. The overall reason for their wish to have it delisted was that they essentially wanted access to those patients.

What in fact was happening was that the patients who were being treated medically or by medical practitioners who essentially hire electrologists to provide this treatment—these women have very significant medical problems, meaning glandular imbalances and a variety of other medical conditions that involve glands. It is perhaps a little bit too complex to get involved here. Thyroid glands and pancreas in terms of diabetes and Cushing's disease are syndromes you may be familiar with, but there are a multiplicity of very sophisticated metabolic imbalances and enzyme disorders as well as benign and malignant tumours that can produce abnormal changes in people, and in women some of these are facial hair growth.

So the subset of women who were getting electrolysis in medical offices had to undergo a very complex series of medical, biological and biochemical tests to prove that they in fact had these abnormalities. Once these were proven, the results, along with an application, then had to be sent to the Ministry of Health, which had established its criteria for medically supervised epilation to begin with. Once it was approved at that stage, the physician was authorized by the Ministry of Health to proceed with treatment.

**Ms Jackson:** All right. Just to finish off this area, I had asked you to take a look at exhibit 70 as well. Exhibit 70 is an article on this discussion and debate. On the second page there are references to your involvement in this issue and references to some of the statements you have made to the press. You had occasion to review this in my office yesterday?

**Dr Donahue:** Mm-hmm.

**Ms Jackson:** And those are approximately accurate, as far as you can recall, what you said to the press?

**Dr Donahue:** Sure, yes.

**Ms Jackson:** Okay. Then, Dr Donahue, I am going to ask you to take a look—let me then turn to the question of the threshold agreement that was negotiated between the OMA and the Ontario government. You were of course familiar with that agreement?

**Dr Donahue:** Yes.

**Ms Jackson:** I understand that in the period, in 1991, you were one of the officers of the Sudbury branch of the OMA. Is that correct?

**Dr Donahue:** Yes, that is right.

**Ms Jackson:** In that capacity, I suppose you had a particular interest in following the development of that agreement and its terms.

**Dr Donahue:** Yes.

**Ms Jackson:** And reviewed those terms when the agreement was signed.



**Dr Donahue:** Yes. The Sudbury branch did not have any direct involvement in the negotiation process. That was done primarily by the OMA directly. As a branch society we more or less simply stood aside, if you will, or stood back while the negotiations by the OMA executives were in fact going on.

**Ms Jackson:** Once the agreement was signed, there was a question of a ratification vote by the various sections of the OMA.

**Dr Donahue:** Yes. There was a great deal of concern by certain physician groups that the memorandum of agreement would cause particular hardship for residents of certain parts of the province.

**Ms Jackson:** I understand that if for no other reason, in the context of deciding how the Sudbury OMA and how you would vote on this issue, you did review the agreement.

**Dr Donahue:** Oh, indeed.

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**Ms Jackson:** All right. During the summer of 1991 and into the fall of 1991, did you become concerned about the impact of the agreement on your practice?

**Dr Donahue:** Yes, I was very concerned.

**Ms Jackson:** Can I ask you to turn up exhibit 85, which contains a number of documents, but I am going to ask you to turn in it to a letter of October 22, 1991, which is about five pages from the back, Dr Donahue. See that?

**Dr Donahue:** Could you identify the letters by—

**Ms Jackson:** It is October 22, 1991, apparently from you to Ms Sharon Murdock.

**Dr Donahue:** Oh, I see.

**Ms Jackson:** Do you have that?

**Dr Donahue:** Yes, I see the letter.

**Ms Jackson:** That is a letter that you sent to Ms Murdock?

**Dr Donahue:** Yes.

**Ms Jackson:** And it included the attachment that is entitled Cost Saving Through Local Service.

**Dr Donahue:** Yes, it does.

**Ms Jackson:** Indeed, I understand you sent that letter to a number of politicians and others with involvement and interest in this issue.

**Dr Donahue:** Yes, I did.

**Ms Jackson:** You say on the second page of that letter, Dr Donahue—and I am looking in the big paragraph in the middle of the page—"The imposition of the 'cap' would render my office financially untenable." Do you recall when you came to that conclusion?

**Dr Donahue:** I do not know that there is a particular date, but during the process of negotiation of the memorandum of agreement certain sections of it would become common knowledge or it would be leaked out, you might say, to the membership. So overall there was sort of a growing impression that a billing cap might be established, and little by little that level was identified as probably being somewhere around \$400,000.

**Ms Jackson:** That was certainly known by the beginning of the summer, was it not?

**Dr Donahue:** Yes, that is right.

**Ms Jackson:** And once you knew that, did you become concerned?

**Dr Donahue:** Yes, I became very concerned.

**Ms Jackson:** And is that what prompted this letter?

**Dr Donahue:** Yes.

**Ms Jackson:** Can you describe in general terms for the committee why you thought this was going to cause a problem for your practice—as you say, render it "financially untenable"?

**Dr Donahue:** Well, the answer to that may be a little long, but if I can sort of shorten it, I have a very large service area of probably over 600,000 people. To provide service to this very large group of people I have slowly developed the necessary services to render those that are necessary for the large numbers of patients that are referred to me, because the truth of the matter is that if I, as a dermatologist, cannot provide for these services, these people essentially have to travel to Toronto. I think that my cost analysis of treatment per visits to Toronto show that the cost to the public to have people transported to Toronto for services are just enormous, so local service is always less expensive.

So I developed a practice that needs the services of six qualified registered nurses and of course the administrative staff necessary. Even the simplest of arithmetic—even if you exclude electrolysis and you look at my staff of 10 people I need just to provide barebones service to northern Ontario—shows you that with a \$400,000 cap, the office simply could not continue. It just cannot.

**Ms Jackson:** Because if you take the salaries of 10 people at—what ballpark figure would you use to make that calculation?

**Dr Donahue:** Well, I think you can take any figure you want, but the average industrial wage, I think, in Ontario is somewhere around 30 or 35 and I think the average wage for a family is somewhere around 44. These are just figures that I remember from newspaper articles. So even on the basis of salaries alone the practice is untenable, but once you throw in other costs, such as—there are a whole raft of them. Anyone who has been in business knows what they are. They just go on and on and on and on. Even rent for office space is just enormous. So, as I say, it just did not take a lot of imagination to figure it all out. It was just transparent. It was just obvious that I simply could not continue that office.

**Ms Jackson:** On page 2 of your letter still, in the bottom paragraph you say, "In closing, I would like to point out that the consultation fee for dermatology is...\$49.60." I take it from the context in which you are making that point that you are making that point for the purpose of contrasting it with what it would cost if you had to provide that service from Toronto.

**Dr Donahue:** Yes. I thought it was very important that I make that quite clear to the ministry as well as to the local MPPs and anyone else who may be reading this, to understand the context in which I had concerns about the



cost of the provision of service as well as the inconvenience it would have had to the patients in Sudbury.

For example, the travel grant system, as outlined in this letter, is \$130 to Toronto. So if a patient has a dermatological consultation in Sudbury, the ministry, you might say, is out of pocket \$49.60. But if dermatological services are not available or are not readily available, meaning, say, the wait is too long, that patient will likely have to be sent to Toronto, or perhaps Ottawa or Hamilton, but the travel grant is \$130. So what that really does is it effectively quadruples the cost of the provision of that service, because the dermatologist in Toronto or Hamilton will be paid that same fee as well. I just thought it completely unreasonable that you would quadruple the cost of provision of services when, if you could maintain local service, it would be so much more cost-effective.

**Ms Jackson:** So I take it you are in effect making two points. You are saying, one, your costs, because of the number of people you have to serve and the number of staff you have to have to do that, are so high that the cap makes your operation financially untenable. That is one point.

**Dr Donahue:** Yes, that is right.

**Ms Jackson:** And then you are saying: "And look at what the alternative is. If I go out of business, the replacement cost of this kind of service will be much higher than the amount of money you're already paying me."

**Dr Donahue:** Well, actually I was not referring to replacement cost. That is actually another point as well. But, for example, if I should have had to close my office completely, it is not to say that I could not actually continue practice, but I could not continue to provide the service needed, because, as I say, I am providing service to a population of half a million people, and by way of example, there are over 100 dermatologists in Metropolitan Toronto, so the ratio in the Toronto area is one dermatologist per 40,000 people. So I am looking after a population 10 times the size.

**Ms Jackson:** So your conclusion from this is not that you would necessarily have to close your practice but that you would have to scale it down dramatically?

**Dr Donahue:** And on this basis what would happen is I could only—

**Ms Jackson:** Is that right, though, Dr Donahue?

**Dr Donahue:** Pardon?

**Ms Jackson:** Your conclusion was not that you would have to close your practice but that you would have to scale it down dramatically.

**Dr Donahue:** To the point that I could not actually provide services for the people who needed them and what I would actually have to do is continually turn people away from my office, saying, "Well, I can't see you, or for that matter, I can't provide you with a complex blend of services I've been providing." So on this basis what would have to happen is that my staff and I or the referring

physicians would have to continually sign travel grants to send these people to Toronto. Obviously, the alternative is to have other dermatologists there, either in Sudbury or in the vicinity, but that was never forthcoming.

**Ms Jackson:** Now, in trying to describe the impact of this cap program on a practice such as yours, and in particular some of the cost considerations, you had occasion in late October and through November to speak to a number of media people and some government people about the impacts on your practice, did you not?

**Dr Donahue:** Yes, I did.

**Ms Jackson:** I am going to ask that we put—I was going to put something in front of you, Dr Donahue, that will take—

**The Chair:** There is one document that counsel would like to distribute as an exhibit now, which would take approximately 10 minutes to complete. It would be my intent that we could through that particular document, at which time we would recess until 2:00 pm.

**Ms Jackson:** Mr Chairman, could we put in front of Dr Donahue and the members of the committee the memorandum of October 31, 1991, from Nuala Doherty, and this is the memorandum, Dr Donahue, that you had occasion to review in my office yesterday, which apparently records a telephone conversation between Ms Doherty and yourself. Do you recall speaking to Ms Doherty, the assistant—

**The Chair:** Just one moment. Members could mark this as exhibit 91.

**Ms Jackson:** Do you recall speaking to Ms Doherty, Mr Laughren's assistant, in or around this time?

**Dr Donahue:** I do not remember the conversation. I have sort of a vague memory of speaking to somebody from Mr Laughren's office, but it is fairly vague.

**Ms Jackson:** And in terms of the kind of information you were using to make the points you have been describing this morning, is the information that is set forth in here consistent with the kind of information you would give in this conversation and in others about your practice?

**Dr Donahue:** When pressed, yes.

**Ms Jackson:** All right. At the bottom of the page, there is an indication that, "Dr Donahue's financial statements have been sent to the joint management committee." Did you have any personal knowledge of that, Dr Donahue?

**Dr Donahue:** No. Actually, when you showed it to me yesterday it came as a complete surprise.

**Ms Jackson:** All right. Notwithstanding the prospect that I said would take 10 minutes, Mr Chairman, I am pleased to report it took two. I am ready for the next item, and perhaps we should do that after lunch.

**The Chair:** Thank you very much, Ms Jackson. We will recess now until 2 pm.

The committee recessed at 1200.



## AFTERNOON SITTING

The committee resumed at 1415.

**The Chair:** Good afternoon. We will call the afternoon session of the Legislative Assembly committee to order. At the end of the morning our counsel, Patricia Jackson, was in the midst of questioning Dr Donahue and I would invite Dr Donahue back up to the table. Good afternoon, Dr Donahue.

**Dr Donahue:** Good afternoon.

**The Chair:** For members of the committee and for those watching, I would like to indicate that the rest of today's questioning will be with Dr Donahue, and we will commence tomorrow with Mr Harfield. So there is a slight change to our agenda, but that is done with the concurrence and the agreement of members of the subcommittee, and we just wanted to say that so those members who are interested in the agenda will know of that at this point in time. Having said that, I would invite Ms Jackson to continue questioning.

**Ms Jackson:** Dr Donahue, we were dealing with the events of the fall of 1991, and I would like to take you, sir, to November 15, 1991, when I understand there was a meeting in Civic Square between yourself, Ms Martel, Mr Laughren, members of the regional government and some other people.

**Dr Donahue:** There were about a dozen doctors as well.

**Ms Jackson:** All right. Members of your staff were there, as I understand it, as well?

**Dr Donahue:** Yes, my staff was present.

**Ms Jackson:** And a number of members of the regional government?

**Dr Donahue:** Yes.

**Ms Jackson:** What was the purpose of that meeting?

**Dr Donahue:** It was an information meeting for Ms Martel and Mr Laughren with regard to the issues and just how important and vital they were to the community. Moreover, from a physician's point of view, it would also give us an opportunity to hear what the government policy was going to be if it had reached a decision with regard to helping the residents of northern Ontario obtain better access to medical services. So it was sort of give and take.

**Ms Jackson:** The meeting was chaired, as I understand it, by Dr de Blacam, was it?

**Dr Donahue:** I guess it could have been, although my memory is that it might have been chaired by Mr Tom Davies, who is the regional chairman.

**Ms Jackson:** In any event, sir, were you the first person to present information to that meeting?

**Dr Donahue:** I might have been, but I cannot remember the order of speakers. In fact, perhaps I was not. I just do not remember whether I was first, second or third.

**Ms Jackson:** You do not remember in what order, but do you remember that you did give the meeting information about your practice?

**Dr Donahue:** We discussed it rather briefly, yes.

**Ms Jackson:** Can you give the committee your best recollection of what you told that meeting, please.

**Dr Donahue:** My presentation had more to do with dermatology than my practice as such. Overall I think there is a grave and considerable misunderstanding of exactly what dermatology is. It had been related to me that there was a misunderstanding with regard to the true importance of dermatology as it pertains to medicine generally speaking, and it was my intention to point out that dermatology is a subset of internal medicine, and beyond treating rather simple diseases such as acne there are a whole variety of very important, severe and difficult-to-diagnose conditions of the skin that often times have internal medical ramifications. That was more or less what we were talking about.

**Ms Jackson:** As I understand it, you did a slide presentation of some of those diseases?

**Dr Donahue:** Yes, that is right.

**Ms Jackson:** Then you told the people who were assembled something about the financial strains you felt you were under as a result of the threshold?

**Dr Donahue:** I do not remember specifically, but it was pretty brief. It was just a synopsis, if you will.

**Ms Jackson:** Do you recall telling the people at the meeting that you had exceeded the threshold in August of that year, as you understood it?

**Dr Donahue:** I do not remember saying that.

**Ms Jackson:** Would that be consistent with the kind of thing you were saying around that period of time?

**Dr Donahue:** Yes.

**Ms Jackson:** And when you made that statement, Dr Donahue, were you taking into account the fact that you were on the underserved area program, or had been on the underserved area program?

**Dr Donahue:** No, not really. The underserved area program was a bit of a blur as far as I was concerned.

**Ms Jackson:** So when you made that statement you were not making any allowance for the possibility that some of your income for part of the year was not subject to the threshold because of the underserved area program.

**Dr Donahue:** No. No.

**Ms Jackson:** Now, when you made that statement, Dr Donahue, were you taking any account of the—well, first of all, did you know that epilation income was not going to be subject to the threshold?

**Dr Donahue:** Not at that time.

**Ms Jackson:** When did you learn that, do you recall?

**Dr Donahue:** I do not have a very special day. Actually, it was actually quite late that I—as I understand it, in discussion the ministry had with the OMA in deciding how the memorandum of agreement would be applied, it was decided that it would not be. I cannot remember exactly; it was actually fairly late. I do not think it was on the 14th. I think it would be after that.

**Ms Jackson:** Are you sure of that or is that—



**Dr Donahue:** No, I am not sure.

**Ms Jackson:** It could be some time in around that period.

**Dr Donahue:** Mm-hmm.

**Ms Jackson:** In any event, when you made that statement you were not making any allowance for the fact that on the basis of the number you gave us this morning, 25% of your income would not be subject to the threshold.

**Dr Donahue:** I was not making allowances for the fact that some decisions may or may not have been made with regard to technical fees or UAP allowances, no.

**Ms Jackson:** In other words, you were assuming all your epilation income would be the subject of the threshold.

**Dr Donahue:** That all my income, sure, including epilation.

**Ms Jackson:** All right. Now, at that meeting you had your accountant present, I understand?

**Dr Donahue:** Yes, that is right.

**Ms Jackson:** With a view to giving some further information about the financial strains you considered you were under.

**Dr Donahue:** Not really. There had been up to that point, in around that point, a great deal of interest in my personal finances, and frankly, I resisted any attempt to lure me into discussions of specifics, and I brought my accountant and my staff to show Ms Martel and Laughren that I really did have a staff of 14 people and that I had not just hired them from some theatrical company and were there, and to lend an air of respectability to my comments with regard to the presence of my employees, my accountant was there.

**Ms Jackson:** Do you recall whether you or your accountant told the members of the meeting that you had a \$150,000 line of credit?

**Dr Donahue:** I do not know if that was actually my accountant who said that. There was a bank manager who was there, or it could have been my accountant, either one of them.

**Ms Jackson:** I think you indicated at the meeting as well that you, on that line of credit, owed about \$138,000.

**Dr Donahue:** Something around there.

**Ms Jackson:** And at that meeting as well you had cheques for your employees?

**Dr Donahue:** I did.

**Ms Jackson:** And you delivered them to the Treasurer?

**Dr Donahue:** I did.

**Ms Jackson:** Why?

**Dr Donahue:** I was deeply concerned about the fact that I would have to lay off 14 people. My employees are near and dear to me; they are almost like friends. I spent a great deal of time selecting them. I liked them a great deal. I would dearly love to keep them going and keep them with me, but it was becoming impossible for me to actually keep them there.

There had been some suggestions coming from the ministry that I really did not have a financial problem

when in fact I really did, and so I had wanted to present to Mr Laughren and Ms Martel at least proof in some fashion that I did have a large office, that I had many expenses, without actually having to go into detail. So I had wanted to show Mr Laughren that this really was my payroll, that I do have all these people there, and if I were to be able to maintain my service to the community and in the region, then the billing cap simply would not allow me to do that. It was just—

**Ms Jackson:** The cheques that you gave to the Treasurer were the last salary cheques for your 14 staff members?

**Dr Donahue:** Yes, they were.

**Ms Jackson:** And did you invite the Treasurer to give them to your staff?

**Dr Donahue:** I did.

**Ms Jackson:** For the reason you have indicated?

**Dr Donahue:** Yes.

**Ms Jackson:** Now, I would like to ask you a little bit about the impact of the underserviced area program on your situation and the threshold as you understood it. You said this morning that you had studied the threshold agreement, correct?

**Dr Donahue:** Mm-hmm.

**Ms Jackson:** That agreement is exhibited, Dr Donahue, as I indicated to you yesterday when we met, in exhibit 8 of the volumes in front of you. It might be helpful, as much for committee members as for you because you will be familiar with this, to turn up exhibit 8. I am looking about a third of the way into that document, a document entitled Interim Agreement on Economic Arrangements.

**Dr Donahue:** Is there a page number?

**Ms Jackson:** Unfortunately there is not. What you will see as you go through the document, Dr Donahue, is it starts with remarks by Mr Decter, then there is a copy of the agreements reached between the government of Ontario. That is a document that goes on for some 26 pages. The document I am looking for is immediately after that.

**Dr Donahue:** I am afraid you will have to give me a page number. I do not know, I cannot find it as such.

**The Chair:** We will have some assistance provided so that you might be able to find that part of the exhibit.

**Ms Jackson:** It is after the 26-page agreement, immediately after that.

**Dr Donahue:** Interim Agreement on Economic Arrangements?

**Ms Jackson:** Exactly. On page 4 of that there is a clause dealing with—this section deals with the threshold payment adjustments. Clause 10, subparagraph (a), subparagraph (i) provides that, "The threshold payment adjustments set out do not apply to: (i) physicians working in underserviced areas by arrangement with the Ministry of Health under the Ministry of Health underserviced area program." You were familiar with that provision in the agreement, Dr Donahue?

**Dr Donahue:** Yes.

**Ms Jackson:** We covered the fact this morning that you were on the underserviced area program. When did



you understand your entitlement, or your enrolment, under that program came to an end?

**Dr Donahue:** It was my understanding, at least at the time, that it would likely be in June of 1991.

**Ms Jackson:** When did you have that understanding?

**Dr Donahue:** It was always my understanding that it was June.

**Ms Jackson:** Do you know why you came to the conclusion that your enrolment was over in June?

**Dr Donahue:** Probably because I arrived in Sudbury somewhere in early summer, so the assumption was June.

**Ms Jackson:** So you just assumed it was four years later that you were up.

**Dr Donahue:** Yes, right.

**Ms Jackson:** At lunchtime you were able to locate a document, and I would ask that that be distributed to members. You will have your original which is, as I read this, the most recent annual contract in respect of an incentive grant agreement. Do I take it, Dr Donahue, that this is with respect to the underserviced area program?

**Dr Donahue:** Yes.

**Ms Jackson:** Mr Chairman, could we mark that as the next exhibit?

**The Chair:** This incentive grant agreement is going to be marked as exhibit 92.

**Ms Jackson:** That document appears to say that the life of the agreement—I am looking at the upper right-hand corner—is from August 31, 1990, to July 30, 1991. What does that suggest to you about when your underserviced area program enrolment was up?

**Dr Donahue:** It suggests that the enrolment is up on July 30, 1991.

**Ms Jackson:** In any event, whenever the underserviced area program enrolment was up, you understood, I take it, from the threshold agreement, that so much of your income as was earned until your enrolment was completed would be exempt from the threshold?

**Dr Donahue:** I beg your pardon?

**Ms Jackson:** Having read the threshold agreement, you would understand that so much of your income as was earned by you up until the date when you finished on that program would not be included in the threshold calculation.

**Dr Donahue:** I think in and around that time there was a certain degree of confusion as to whether or not the memorandum of agreement would supersede that or not; that is to say, my UAP designation. I did not spend a lot of time thinking about my UAP designation because I was really planning for the future.

**Ms Jackson:** Did you make any efforts to find out what your status was in respect of the threshold as a result of being on the UAP?

**Dr Donahue:** No, I simply presumed that my UAP designation was up in June and that was that.

**Ms Jackson:** Having assumed your UAP designation was up in June, would you not therefore assume that the

income that you earned till the end of June would not be subject to the threshold?

**Dr Donahue:** If I had given it a great deal of thought, I guess so.

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**Ms Jackson:** I assumed you did, from what you said. You were giving a great deal of thought to your future financial situation.

**Dr Donahue:** True, but as my UAP designation was literally up anyway, from my perspective, it was not all that relevant to my long-term plans.

**Ms Jackson:** So you did not make any effort to determine whether your assumption that your UAP designation was up in June was correct or not.

**Dr Donahue:** No, it just did not seem pertinent to my long-term plans.

**Ms Jackson:** Are you saying you made no effort to determine whether or not your enrolment in the underserviced area program had anything to do with whether or not you would be exempt under the threshold?

**Dr Donahue:** My UAP designation was up and I was told it would not be renewed, so the UAP designation was meaningless.

**Ms Jackson:** Did you make any effort to determine whether, for any other reason, you were exempt under the threshold?

**Dr Donahue:** You are referring to 10(a)(ii), I guess?

**Ms Jackson:** I am just inquiring if you made any steps to determine whether you were exempt under the threshold.

**Dr Donahue:** Not specifically. I cannot remember.

**Ms Jackson:** All right. Did you have occasion at some point in time to discuss with Dr MacMillan whether or not your previous status on the underserviced area program had anything to do with the threshold issue and how much money you had made that would be subject to the threshold?

**Dr Donahue:** Yes. He actually gave me a call on that issue.

**Ms Jackson:** Do you recall when that was?

**Dr Donahue:** Some time in November. I guess maybe mid to late November.

**Ms Jackson:** Did he indicate what had prompted the call?

**Dr Donahue:** No, he just essentially said, "By the way, did you know," and—

**Ms Jackson:** What did he tell you?

**Dr Donahue:** He told me that my underserviced area program designation actually expired at the end of August. When he told me that, I said, "Oh, well, that's news." Then I went back to my file and that is when I retrieved this contract, and the contract says it is up in July. I called him back and said: "Okay, well, what's what? Is it June? Is it July? Is it August?" He said, "It's August, but there is a mistake." I said: "Oh, okay. That explains the confusion."



**Ms Jackson:** Having told you that your underserved area program enrolment went on till the end of August, did he also tell you that therefore your income up to the end of August was not subject to the threshold?

**Dr Donahue:** Yes, he did.

**Ms Jackson:** As I understand it, you, having received that information, wrote a letter confirming that you had received it from him on November 15.

**Dr Donahue:** That is right.

**Ms Jackson:** Could I ask that that letter be placed in front of you—and given to committee members, Mr Chairman, and perhaps marked as exhibit 93.

**The Chair:** Yes, that will be marked as exhibit 93.

**Ms Jackson:** This is the letter that you wrote on November 15.

**Dr Donahue:** Yes, it is.

**Ms Jackson:** I think you have said you had two telephone calls with Dr MacMillan, one where he made this point and another after you checked the date on which you completed your enrolment in the underserved area program.

**Dr Donahue:** I think I have had two or three. I remember this one, with regard to this issue.

**Ms Jackson:** All right, and that call clearly would have been in advance of November 15, 1991.

**Dr Donahue:** Yes. I would think maybe a few days before or something like that.

**Ms Jackson:** I asked that because I checked Dr MacMillan's evidence over lunchtime and I noticed that his recollection—and I do not believe he had any document to prompt him—was that you and he had this conversation later on in November. But if this letter is accurately dated, it would clearly have to have been in the early part of November, the first two weeks.

**Dr Donahue:** I have no reason to doubt that the letter is inaccurately dated.

**Ms Jackson:** Therefore it would follow from that, Dr Donahue, that by November 15 you knew that none of your income up until the end of August was subject to the threshold.

**Dr Donahue:** That is true.

**Ms Jackson:** And it would follow from that, would it not, sir, that you could not have exceeded the threshold in August?

**Dr Donahue:** Agreed.

**Ms Jackson:** Therefore the information you had from Dr MacMillan was at odds with the statement you made in the meeting of November 15.

**Dr Donahue:** Yes, I would have to agree with that.

**Ms Jackson:** Once you knew that your income to the end of August was not subject to the threshold, that had profound ramifications for the financial survival of your practice.

**Dr Donahue:** No, not really, because what it really suggested was that I could eke out or keep my practice alive for about another two or three months, but the

finances thereafter would be no different. Like most small business people or physicians that have to sign many long-term commitments, whether I could survive for another month or two or three was not really much of an issue from my point of view or, for that matter, from my staff's point of view. The big question was, could I keep them employed for another four or five years.

**Ms Jackson:** That might go to what happened in the following years, but in the immediate term, the implication of the information Dr MacMillan had given you had profound ramifications for the immediate financial survival of your practice.

**Dr Donahue:** Yes, that is true.

**Ms Jackson:** All right. Having received that information, did you take any steps to correct the impression that had previously been given that you were being immediately forced out of business by the threshold?

**Dr Donahue:** No.

**Ms Jackson:** Why not?

**Dr Donahue:** Because the issue at this point in time was so complicated even in my own mind, and for that matter even with Dr MacMillan, with regard to when I was on UAP, when I was not on UAP, what was applicable, what was not applicable, what were technical fees, what were not technical fees. It would be essentially impossible to try and correct this unfortunate misunderstanding.

**Ms Jackson:** There was no question by this time what the implication of the UAP was on your threshold situation, was there?

**Dr Donahue:** I beg your pardon?

**Ms Jackson:** It was clear after you had your conversation with Dr MacMillan that any income that you earned to the end of August was irrelevant for threshold purposes. There was no doubt about that.

**Dr Donahue:** No, none.

**Ms Jackson:** From about the middle of November, or some time in November, it was equally clear that your epilation income would not be subject to the threshold.

**Dr Donahue:** Some time in November, yes.

**Ms Jackson:** The remaining question was what, if any, portions of your costs would be categorized as technical fees, correct? That was not clear.

**Dr Donahue:** No, it was not clear to me.

**Ms Jackson:** The implication of costs being characterized as technical fees is that they would be deducted from your income for threshold purposes.

**Dr Donahue:** That is true.

**Ms Jackson:** So it would be important to know what costs you had that might be categorized as technical fees.

**Dr Donahue:** Yes.

**Ms Jackson:** And that was uncertain?

**Dr Donahue:** That is right.

**Ms Jackson:** But the other matters were not by November 1991.

**Dr Donahue:** Exactly.



**Ms Jackson:** In the course of your conversation with Dr MacMillan, do you recall him making a suggestion that you and he should meet when he was next in Sudbury to review your situation?

**Dr Donahue:** I believe he made that suggestion.

**Ms Jackson:** He indicated, I think, that he was coming to Sudbury some time that month, probably near the end of the month.

**Dr Donahue:** He may have, yes.

**Ms Jackson:** Did you agree to meet him?

**Dr Donahue:** No. I said I would think about it.

**Ms Jackson:** Did you in the end meet him?

**Dr Donahue:** No.

**Ms Jackson:** Why not?

**Dr Donahue:** I had very grave reservations about meeting with any senior bureaucrat with regard to my situation.

**Ms Jackson:** Why?

**Dr Donahue:** I have a certain mistrust of bureaucrats and bureaucracy and so forth. There were comments that were emanating out of the ministry's offices that I felt were a little biased, so I just did not feel safe meeting with any bureaucrats or any senior people.

**Ms Jackson:** Is it fair to say you never intended to meet with any senior bureaucrats to discuss your practice?

**Dr Donahue:** No, actually that is not quite true. I did agree to meet with Dr MacMillan on the morning of December 6th, which would be the morning after the December 5th meeting, as long as I was not alone with him, as long as I could bring other people.

**Ms Jackson:** A moment ago I thought you said you did not agree to meet with Dr MacMillan.

**Dr Donahue:** That is to say, before the December 5th meeting.

**Ms Jackson:** You did agree to meet with him afterwards?

**Dr Donahue:** Afterwards, yes.

**Ms Jackson:** Did you tell him that?

**Dr Donahue:** Yes.

**Ms Jackson:** When did you tell him that?

**Dr Donahue:** I think I got a call back shortly before the December 5th meeting, probably the week before, but I cannot remember.

**Ms Jackson:** From whom?

**Dr Donahue:** I got a call from David Sword. Actually, he called me a couple of times.

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**Ms Jackson:** David Sword is Ms Martel's assistant?

**Dr Donahue:** I understand.

**Ms Jackson:** Let me follow the chronology that gets us to that point. In the November 15 meeting with Ms Martel and Mr Laughren, did Ms Martel make a request of you that you meet with representatives of her office and the ministry to discuss your situation?

**Dr Donahue:** Yes.

**Ms Jackson:** Was there any discussion about whether that meeting would be in private or in public?

**Dr Donahue:** It was very quick. She was running out of the meeting and just stopped by my chair.

**Ms Jackson:** Was there any discussion as to whether it would be in public or in private?

**Dr Donahue:** I do not remember that we discussed it in detail. She just said, "Meet in the office," or, "Meet with them."

**Ms Jackson:** There was no suggestion then that the meeting would be in public?

**Dr Donahue:** No. I think the suggestion was that the meeting would be in my office, so I guess the understanding would be that it would be private but not necessarily confidential.

**Ms Jackson:** What did you say to her in response to that suggestion?

**Dr Donahue:** That I would give it some thought.

**Ms Jackson:** After giving it some thought, what did you then say to her or her office about that meeting?

**Dr Donahue:** I did not actually call her back on that. The next thing that happened was I got a few calls from her office.

**Ms Jackson:** David Sword?

**Dr Donahue:** I think that somebody else from her office called me as well, but I cannot remember. I think there was more than one. I think David Sword was not the only one who called me from her office trying to set up a meeting.

**Ms Jackson:** In the end you agreed to meet, you say, on December 6?

**Dr Donahue:** David Sword had been very, very pressing, if not insistent, that I meet with them before the December 5 meeting. He was almost desperate to get me to meet with them before December 5 or on the afternoon of December 5. Finally, trying to be agreeable about all this and trying to be a good guy about it all, I said, "Okay, okay, well, we can have a meeting after the December 5 meeting, but not before."

**Ms Jackson:** This was to be a meeting with Mr Sword and somebody from the ministry, was it?

**Dr Donahue:** I think the idea was MacMillan would be there as well.

**Ms Jackson:** You said earlier you were inherently very distrustful of meeting with senior bureaucrats?

**Dr Donahue:** Yes.

**Ms Jackson:** Why then would you agree to this meeting?

**Dr Donahue:** I think I felt that my back was up against the wall and at some point or other I would. What I had decided at that point in time was that I would not have a private meeting with them, that I would insist that my attorney would be there and that representatives from the Sudbury and District Medical Society would be there.

The other point here as well is I felt there was a high probability that the meeting on the 6th would not really be necessary because the meeting on the 5th was really to



decide the issue. So if the issue was decided on December 5, the meeting would be irrelevant.

**Ms Jackson:** The meeting on December 5 was to decide what issue?

**Dr Donahue:** The billing cap as it applied to physicians in northern Ontario.

**Ms Jackson:** You understood that the ministry was going to decide on December 5 whether the billing cap would apply to northern Ontario?

**Dr Donahue:** We had hoped that we would have some decision from the ministry at that time.

**Ms Jackson:** There had never been any such indication from the ministry, though, had there?

**Dr Donahue:** Not publicly, but there were a lot of private discussions. There was no guarantee that it would be decided, but there was very little reason to hold a meeting if in fact a decision would not be forthcoming.

**Ms Jackson:** One reason to hold a meeting, Dr Donahue, would be to find out whether you were in fact threatened by the threshold in the fashion that you seemed to fear you were.

**Dr Donahue:** The December 5 meeting?

**Ms Jackson:** Sorry, a reason to hold the meeting between the members of the ministry and yourself was to determine whether you were in fact threatened by the threshold in the way you seemed to assume you were.

**Dr Donahue:** In so far as the 6th is concerned, I presume you are referring to?

**Ms Jackson:** Whenever the meeting took place.

**Dr Donahue:** The meeting on December 5 did not pertain to me specifically. There were well over a dozen doctors who were affected and actually made presentations, so the idea was to have a policy decision. You see, the Sudbury and District Medical Society and the physicians in northern Ontario were not looking for personal exclusions from the billing cap. This essentially was a province-wide problem, and it required a policy decision. So we were looking for a policy decision.

It had been decided long ahead of time that the physicians individually were not looking for individual exclusions. Individual physicians may have talked about their individual situation, but it was quite clear that the society in Sudbury was looking for exclusion for all doctors in northern Ontario. So my personal situation was really quite irrelevant to the issue because the issue required a policy decision from the ministry. So that is why we held the meeting.

**Ms Jackson:** But it would be a fair interpretation of the events of November, Dr Donahue, that you had put your personal situation as being an example of the problem.

**Dr Donahue:** Yes.

**Ms Jackson:** Having put that forward, it is not unreasonable, is it, to find that people want to test whether indeed the example being proffered presents a problem? Is that not reasonable?

**Dr Donahue:** Yes, I think it is reasonable, although it was never actually spelled out to me that any of these meetings would be a test as such.

**Ms Jackson:** I take it from what you are saying there never was very specific discussion about exactly what would be discussed at this meeting or on what basis?

**Dr Donahue:** Agreed.

**Ms Jackson:** Notwithstanding that it was never really talked about, you were very reluctant to have such a meeting?

**Dr Donahue:** Yes.

**Ms Jackson:** You were not prepared to have one before December 5 at all.

**Dr Donahue:** That is right.

**Ms Jackson:** I am going to suggest to you, as to what would happen after December 5, you said you might be prepared to meet under certain conditions but you did not commit to such a meeting.

**Dr Donahue:** Actually, I did commit to a meeting on the 6th, sure.

**Ms Jackson:** To Mr Sword?

**Dr Donahue:** Mm-hmm.

**Ms Jackson:** Did you tell him you wanted to meet with all the people you indicated you insisted be there, the district health council, your representatives and others?

**Dr Donahue:** I do not think the district health council. I guess the Sudbury and District Medical Society. Pardon me if I said district health council.

**Ms Jackson:** All right. Did you tell them those people would have to be there?

**Dr Donahue:** I cannot remember specifically whether I insisted that these people would be there, but in my own mind, I had decided that it would be necessary for them to be there.

**Ms Jackson:** When was that meeting to be held?

**Dr Donahue:** The morning of the 6th.

**Ms Jackson:** At what time?

**Dr Donahue:** I think around 10 o'clock.

**Ms Jackson:** Who was to attend from the ministry?

**Dr Donahue:** I believe it was supposed to be Dr MacMillan.

**Ms Jackson:** Anyone else?

**Dr Donahue:** Well, I got the impression David Sword would be there.

**Ms Jackson:** Dr Donahue, the difficulty with that is that Dr MacMillan was for quite some period of time scheduled to be at a conference on December 6, in the morning. It is hard to understand, given the evidence we have heard, that anyone would have agreed for him to attend a meeting in Sudbury that morning. Is it possible that what you are suggesting was a fixed commitment was in fact just the possibility of a meeting?

**Dr Donahue:** Yes, sure. The thing here is that David Sword was trying to set up the meeting. I was not talking directly to Dr MacMillan, so as I say, whether he was going to attend or not was—

**Ms Jackson:** So it may well be that while there was discussion of a possible meeting on December 6, no such meeting was ever committed to?



**Dr Donahue:** Mm-hmm.

**Ms Jackson:** Again during that meeting on November 15, was there a suggestion from Mr Laughren that there be a review of your situation?

**Dr Donahue:** Yes. He was quite outspoken about demanding that I open my books publicly.

**Ms Jackson:** Did he say "publicly"?

**Dr Donahue:** Yes, "Open your books."

**Ms Jackson:** Well, he said, "Open your books." Did he say "publicly" or did you infer publicly?

**Dr Donahue:** I inferred publicly, because all the publications and newspaper articles essentially had quoted these people as saying, "Open them publicly." So I presume it was publicly.

**Ms Jackson:** Did you respond to that suggestion from Mr Laughren?

**Dr Donahue:** No. The chair actually did not recognize me, so I had no opportunity to address that.

**Ms Jackson:** Can you look at exhibit 73 in those black books, Dr Donahue. It is a letter of November 19 addressed to you from Mr Decter. Did you receive that letter?

**Dr Donahue:** Yes, I did.

**Ms Jackson:** Did you respond to it?

**Dr Donahue:** I wrote a reply but I never sent it.

**Ms Jackson:** So you may have considered a response, but you did not in fact respond to Mr Decter?

**Dr Donahue:** No.

**Ms Jackson:** Why did you not?

**Dr Donahue:** It scared me.

**Ms Jackson:** Why did it scare you?

**Dr Donahue:** Because it is a threat.

**Ms Jackson:** Where is the threat?

**Dr Donahue:** They are asking my permission to investigate and publicly discuss my practice patterns.

**Ms Jackson:** You are looking at the third paragraph?

**Dr Donahue:** Sure. Who essentially wants to give somebody permission to be publicly investigated and to have all of this discussed publicly? It is a threat. We all have legitimate rights to a certain element of privacy. To have somebody who is the Deputy Minister of Health write you on all this gold-embossed paper to say—it is frightening. I was just scared out of my wits.

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**Ms Jackson:** Was there anything else in the letter that you considered amounted to a threat, apart from the reference that you have already made to the third paragraph?

**Dr Donahue:** The entire tone of the letter; it just chilled my blood. For example, it starts off by saying that I have made repeated threats to shut down my clinic. I was not threatening anything. How can one doctor essentially threaten the ministry? It is ridiculous.

I was a doctor who felt that I had a financial problem, and I had a major, large commitment to providing services in northern Ontario and I would not be able to continue doing it. So my public comments and the comments I

made to the MPPs and other people were cries for help. That is what it was: "Help. I am in trouble. If you want me to continue providing services, then give me a break, help me. I can sort of function as a small, little office, but the needs of the community are so enormous that I need my staff."

**Ms Jackson:** Was there anything else in the letter that you took to be a threat?

**Dr Donahue:** The suggestion here that I was putting services in the north in jeopardy. It is almost flattering for these people to suggest that I am so important, but I am just one doctor. There are hundreds of dermatologists in Ontario, so I do not know.

**Ms Jackson:** But it would certainly be your view that the departure of your clinic was putting dermatological service in northern Ontario in jeopardy.

**Dr Donahue:** I would think that I should be easily replaceable. I am not that important.

**Ms Jackson:** If your economic analysis is right, you are not that easily replaceable, are you?

**Dr Donahue:** I would think so. There are hundreds of dermatologists in Ontario, so why not just send someone else up, or give him a contract, or bring him up?

**Ms Jackson:** So you are suggesting the threshold is not inherently a problem for dermatologists in northern Ontario.

**Dr Donahue:** I think the suggestion here was that if you are going to replace me, whoever you bring up, you are going to have to give that person an exclusion because that person is not going to be able to do what I was doing, because I cannot continue doing it.

**Ms Jackson:** So as long as the threshold applies to dermatologists in northern Ontario, dermatological service in northern Ontario is in jeopardy.

**Dr Donahue:** Sure. Whether they essentially decide to remove the cap for me or whoever would replace me—that is all they really needed to at least have some service continued.

I did not just read this letter with a sort of excessive sense of paranoia. I took this letter and I looked at it. It just scared me. Moreover, the day before, or two or three days before I got this letter, I got a fax. Now I do not have a fax machine, but it was sort of sent over to me by the local OHIP office. I got a fax and then I got the letter following up, so I got the impression that somebody was trying to give me a message in no uncertain terms. It is not as if I just got a letter; I got a fax and I got this letter. So I went and spoke to my private attorney, who read it, and he said—

**Ms Jackson:** You do not have to disclose your legal advice, if you do not want to, Dr Donahue. You may if you want to, but you are not obliged to.

**Dr Donahue:** As I say, there was not a lot of legal advice. I sought my attorney because he is level-headed, he is calm, he is not prone to paranoia. He just could settle me down and say, "Now hold on." So I showed it to him. He said it was a threat. I discussed this with Dr de Blacam, who is president of the local medical society, and he interpreted it the same way. I do not think my interpretation, under the circumstances, is all that erroneous. That is how I saw it.



**Ms Jackson:** Just so we have the nature of the threat, you understood the threat to be that the ministry wanted to investigate and publicly discuss your practice. Right?

**Dr Donahue:** Yes, that is right.

**Ms Jackson:** But clearly this letter is saying the ministry cannot do so without your consent.

**Dr Donahue:** Yes, that is right.

**Ms Jackson:** So as long as you do not consent, the threat is not very prejudicial.

**Dr Donahue:** Let's just say that as long as they do not go out and release the information on their own.

**Ms Jackson:** There is no suggestion in this letter that they are going to do that, is there?

**Dr Donahue:** I think my distrust of government is sufficient that I figured, if I do not play ball, they are probably going to do it anyway.

**Ms Jackson:** That is what you read between the lines.

**Dr Donahue:** Yes.

**Ms Jackson:** All right. Dr Donahue, I have given you already, and I would like to ask that it be put back in front of you now, a bundle of press reports that run through this period in which reference is made to your situation. Could I ask that those be distributed to members as well? Mr Chairman, could that be exhibit 94?

**The Chair:** Yes, those will be marked as exhibit 94.

**Ms Jackson:** Just so you and members of the committee know, Dr Donahue, this is a compilation of press reports involving your practice. They are, by and large, in chronological order, although because of the late delivery of some documents there are some press reports near the end that are out of chronological order. For purposes of referring to them, they have been assigned page numbers in the upper right-hand corner.

May I just, before we move on, clarify one thing with you. There appears to be some uncertainty about what it was that was faxed to you. You made mention a moment ago of a fax to your office. I took you to be saying that the November 19th letter from Mr Decter, which also came by ordinary mail, was as well faxed to some nearby office and delivered to you.

**Dr Donahue:** No. The letter I received from Mr Decter is an original letter signed by him which was sent by, I presume, regular mail.

**Ms Jackson:** But it was also faxed to some other place and delivered to you, was it?

**Dr Donahue:** There was a fax of that letter that arrived in my office a day or two or three prior.

**Ms Jackson:** When you spoke of a fax coming to your office, it was a fax of the letter that was subsequently delivered to your office?

**Dr Donahue:** Yes, that is right.

**Ms Jackson:** Let me take you back then to this package of newspaper articles, exhibit 94. In preparation for giving your evidence today, you had an opportunity to review this package of press reports with your counsel, right?

**Dr Donahue:** Yes.

**Ms Jackson:** I understand your recollection and position to be that while you do not always recall the specific interviews that generate these press reports, the statements that are attributed to you in the press reports do reflect accurately what you said, so far as you can recall it.

**Dr Donahue:** Yes, I would agree with that.

**Ms Jackson:** I want to ask you about a few specifics in there. First, on page 3, and this is in the interview you gave on November 8th dealing with the epilation issue on MCTV in Sudbury, you are reported as saying, in the middle of the page, that: "The billing is approximately forty-some-odd dollars. It actually dropped ten dollars from what it was originally." Is that something you said?

**Dr Donahue:** Yes, I believe so.

**Ms Jackson:** The billing we are talking about there is the dermatological consultation fee.

**Dr Donahue:** No. That is actually the fee for providing epilation for one hour. It is a procedure fee, I guess.

**Ms Jackson:** All right. Then you note that for that fee, electrolysis specialists net less than \$30 per hour. That is noted at the top of page 4. Is that accurate?

**Dr Donahue:** Yes.

**Ms Jackson:** In fact, you point out there are a number of costs and—

**Dr Donahue:** —that we do not make \$30 an hour.

**Ms Jackson:** Yes. Then on page 5 you indicate that you, as a result of the delisting of epilation, plan to open an electrolysis clinic that would be, I take it, independent of your medical practice. Is that right?

**Dr Donahue:** Yes, that is right.

**Ms Jackson:** And you did in fact do that.

**Dr Donahue:** Yes.

**Ms Jackson:** On page 6 you apparently gave an interview to CBC Sudbury on November 13th concerning the closure of your office. Do you recall that?

**Dr Donahue:** Yes.

**Ms Jackson:** The host is saying, "Unless something breaks this week, Dr Donahue plans to close the doors to his office on Friday." Given the timing of this—that would be Friday, November 15th—was that your position at that time?

**Dr Donahue:** No. Actually my office was closed on November 29th. What essentially happened, as far as the closure is concerned, is that it was a progressive closure.

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**Ms Jackson:** What do you mean by that, Dr Donahue?

**Dr Donahue:** Well, I think you have asked me this when we had a chat previously, and I am trying to figure it all out. I stopped accepting new referrals or consultations about two or three weeks before I actually closed, and so the idea was to stop seeing new patients but to continue seeing those patients I had a commitment to see or provide a service to.

**Ms Jackson:** All right. And so you stopped seeing new patients when?

**Dr Donahue:** Probably this is in around the date 15th, 18th or something like.



**Ms Jackson:** And you stopped seeing all patients on what date?

**Dr Donahue:** I believe the 29th of November.

**Ms Jackson:** All right. And then you say on page 7, in the middle of the page, "My operating expenses are at the upper limit of the cap. So on this basis alone, it is actually financially impossible for me to keep my office going, even if I wanted to." That is an accurate quote of what you said?

**Dr Donahue:** Yes, it is.

**Ms Jackson:** And that would be without taking account of the effect of the underserviced area plan exemption till the end of August?

**Dr Donahue:** Yes.

**Ms Jackson:** And without taking account of the fact that you have income of an epililation nature that is not subject to the threshold?

**Dr Donahue:** That is right.

**Ms Jackson:** If both of those things were taken into account, it would not be accurate to say that it was financially impossible for you to keep your office going at that time.

**Dr Donahue:** Yes, I guess so, at that time.

**Ms Jackson:** And then, on page 8, you are reported as saying, "Now, once I'm capped, I'm essentially unemployable in the province and must in fact leave the country." That was an accurate quote?

**Dr Donahue:** I think it is.

**Ms Jackson:** Then could I ask you to turn over to page 13, an article in the Sudbury Star on November 15, 1991.

**Dr Donahue:** What page is that?

**Ms Jackson:** Page 13, Dr Donahue. It is the Sudbury Star article of November 15. You are reported there as saying—and I am looking in the left-hand column—"Donahue said he is personally in debt over the issue because he continued to treat patients, even though he knew he was over the billing limit.

"Right now I personally owe the bank \$129,000 and there is a payroll sitting in my office to be signed. Once it is signed I will owe the bank \$150,000," he said at a press conference Thursday evening called by the Sudbury and District Medical Society." So far as you know, is that an accurate quote?

**Dr Donahue:** I would think so.

**Ms Jackson:** Then on page 41, just to stick with the chronology, although it is a little bit out of order in terms of pages, there is a reference made by a Mr Chapman in a CBC radio program: "Dr Donahue is the only dermatologist for more than 500,000 people in northern Ontario. He reached his \$400,000 limit three months ago." That would make it back in August, and that was consistent with the kind of thing you were saying at that time?

**Dr Donahue:** Yes. Yes.

**Ms Jackson:** On page 18 there is an article of November 29, 1991, in the—I think it is the Sudbury Star. Yes, it is the Sudbury Star. You are quoted as saying, on the left-hand column, Dr Donahue, in the fifth paragraph down, "I was assured that in no way was I to be affected by the cap." It

is indicated that you said that after talking with Ministry of Health officials. Were you given that assurance?

**Dr Donahue:** Yes, I was.

**Ms Jackson:** When?

**Dr Donahue:** In midsummer.

**Ms Jackson:** By whom?

**Dr Donahue:** By Dr Claude Renaud.

**Ms Jackson:** And who is he?

**Dr Donahue:** At the time he was head of the underserviced area program for the Ministry of Health.

**Ms Jackson:** And how did he come to give you that assurance? Were you just—

**Dr Donahue:** I never actually asked him. My assumption was that, given who he was and his position, he was in a position to make those determinations.

**Ms Jackson:** I am sorry. It was a bad question. How did the subject come to be the matter of discussion between the two of you?

**Dr Donahue:** Oh, I called him.

**Ms Jackson:** And what did you say?

**Dr Donahue:** I told him I had heard or was under the impression that a billing cap would be applied to all doctors in Ontario, and I said, "Well, you know my situation here," because he is actually originally from the Sudbury area. I said, "You know my situation here; I am looking after half a million people." I said, "The billing cap is not going to allow me to continue providing the same level of services I had over the past five years." I said, "Are there not going to be any exclusions?" I said, "It only makes sense."

**Ms Jackson:** What did he say?

**Dr Donahue:** He said, "I know your situation very well," because he worked actually in Sudbury when I was there. He said, "There's simply no way that the billing cap will apply to you or, for that matter, cardiology."

**Ms Jackson:** If you received that assurance in the middle of the summer, what was it that caused you, as we have seen you did, to come to believe by October that you were affected by the threshold?

**Dr Donahue:** Because the comments that were being made by the Ministry of Health were such that no exclusions would be forthcoming.

**Ms Jackson:** In fairness, Dr Donahue, I do not think there was any such announcement from the ministry until November 13. You clearly had a concern at an earlier point. Do you recall what prompted that?

**Dr Donahue:** Well, as I say, I am not entirely certain when my specific concern about it developed, but I mean to say during the summer as the memorandum of agreement was ratified and we talked to the OMA and tried to get some idea as to whether or not the ministry would bring into effect that clause to—

**Ms Jackson:** The one that provides for an exemption by district and by speciality.

**Dr Donahue:** Yes. The overall word was that in all probability that would not in fact be happening.



**Ms Jackson:** That clause, just so we have it, is the second clause under 10(a)(ii).

**Dr Donahue:** That is right.

**Ms Jackson:** We looked earlier at 10(a)(i), which provides for an underserved area plan exemption. So you became concerned that there were no exemptions going to be granted under that section to you?

**Dr Donahue:** Or to any other doctor.

**Ms Jackson:** Just sticking then with this November 29 article, on the right-hand column, you are reported as saying: "To maintain a viable practice, Donahue estimated he would need a billing allowance equal to two or two and a half times the \$400,000 cap, or \$800,000 to \$1 million." Do you recall making that statement?

**Dr Donahue:** I do not actually recall making that statement specifically. I think that this was Mr St Pierre's guesstimate and I probably said, "Well, sure."

**Ms Jackson:** All right. Then it is noted that, "He"—that would be you—"said he has between 10,000 to 15,000 new referrals a year, not counting repeat visits by existing patients." Is that a statement you made?

**Dr Donahue:** I could have, sure.

**Ms Jackson:** It sounds about right?

**Dr Donahue:** Yes.

**Ms Jackson:** As well, if you look at the box, "Quick Facts," in the middle of the page, it says, in the last paragraph: "The only full-time dermatologist in northeastern Ontario, Donahue says he may have to repay the government about \$60,000 because he already has surpassed the OHIP billing cap this year." Did you make that statement?

**Dr Donahue:** I believe I did.

**Ms Jackson:** You certainly knew by November 29 that the underserved area program exempted you till the end of August?

**Dr Donahue:** Yes, that is right.

**Ms Jackson:** Which would make this statement likely inaccurate.

**Dr Donahue:** I actually have not done the calculations, but it is possible. I would have to sit down and do the arithmetic.

**Ms Jackson:** Then could you turn to page 20, which is an article that apparently appeared in Northern Life on December 1, and you are reported there as saying, Dr Donahue, that you would be better off running a Mac's Milk store. Do you recall making a comment to that effect?

**Dr Donahue:** Yes, I do.

**Ms Jackson:** In this article, in the far right-hand column, you say that you see up to 12,000 patients a year. Is that a statement that you made?

**Dr Donahue:** Sure.

**Ms Jackson:** If you would see 12,000 patients a year and 10,000 to 15,000 new referrals a year, well, are those two statements not inconsistent?

**Dr Donahue:** No, not really. As I say, most of my comments to the press and to other people who asked were primarily statements made to give examples of what a

busy practice is. These were just my best guess at the time. As I say, most of the calls from the press usually happened to me during my busy office days, so you can imagine with five or 10 or 15 patients waiting for me in the office, and my office late by an hour or two hours, that I was in a pretty big hurry to get off the phone with these people.

**Ms Jackson:** I take your point, that every time a reporter called you did not call your accountant and say, "Tote up the number of patients I saw last year."

**Dr Donahue:** That is right, sure.

**Ms Jackson:** But what you did do was give your best estimate of what you thought your situation was.

**Dr Donahue:** That is right.

**Ms Jackson:** And is not the best estimate of 12,000 patients a year a bit inconsistent with the best estimate of 10,000 to 15,000 new patients a year?

**Dr Donahue:** Yes, I agree with you.

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**Ms Jackson:** So on reflection, one or both of those statements are substantially inaccurate?

**Dr Donahue:** Agreed.

**Ms Jackson:** You are also quoted as saying there that you buy \$8,000 worth of disposables a month and write \$1.5 million worth of prescriptions. Are those statements you believe you made?

**Dr Donahue:** Yes.

**Ms Jackson:** And that 30% of your workload is skin cancer. Is that accurate as far as you know?

**Dr Donahue:** Yes, that is accurate, I would believe.

**Ms Jackson:** I think you say in here somewhere—and I am just trying to find it—that more than half your revenues go to expenses. Do you recall making that statement?

**Dr Donahue:** I think I have made statements like that in the past.

**Ms Jackson:** It is at the bottom of the fourth column of that page.

**Dr Donahue:** Yes.

**Ms Jackson:** Then over in the article of December 2, which is page 22, you are quoted as saying, in the first column, about two thirds of the way down, "In an interview with Ontario Medicine, Dr Donahue said that approximately 60% of his gross income goes towards covering his overhead expenses." Is that a statement you think you probably made?

**Dr Donahue:** Sure.

**Ms Jackson:** In dealing with this question of media coverage, the last thing I would like to do with you, Dr Donahue, is skip ahead to January 1992. I am going to ask you to turn up the article that is exhibit 21 in the black book before you. That is the article by Kevin Donovan of January 26. Do you have that?

**Dr Donahue:** Yes, I do.

**Ms Jackson:** Were you contacted by Mr Donovan?

**Dr Donahue:** He did call me.



**Ms Jackson:** Did you discuss with Mr Donovan whether or not your practice was or was not under review by the Ministry of Health or the Medical Review Committee?

**Dr Donahue:** I did not.

**Ms Jackson:** I would like to move to a totally separate event. I understand in late November 1991, you attended some kind of meeting with a group of businessmen at which you met a Mr Keith Harfield.

**Dr Donahue:** Yes, that is right.

**Ms Jackson:** When was that?

**Dr Donahue:** I do not actually have a specific date, but it could have been the 29th of November. I seem to remember it was a Thursday night, but maybe it was a Friday night.

**Ms Jackson:** What was the purpose of the meeting?

**Dr Donahue:** I had actually been invited—somebody called me from the small businessmen's association, and because I in fact run a small business, asked if I would be willing to buy a ticket. I guess they were actually looking for money and asked me if I would bring along other members of the district society such as Dr de Blacam. I thought, "Well, why not?" It seemed reasonable. We do run small businesses. So I called a few people in town to see if they would be able to make the meeting, but apparently not. So they asked me to attend as secretary of the society.

**Ms Jackson:** Did you have a conversation with Mr Harfield?

**Dr Donahue:** Yes, I did.

**Ms Jackson:** Had you ever met him before?

**Dr Donahue:** No.

**Ms Jackson:** Who is Mr Harfield?

**Dr Donahue:** I understand he is a management consultant in Sudbury.

**Ms Jackson:** Does he have some position of officership with the small businessmen's association, do you know?

**Dr Donahue:** To be honest, I do not really know.

**Ms Jackson:** You had a conversation with him that night?

**Dr Donahue:** Yes, towards the end of the meeting.

**Ms Jackson:** Was this a conversation just between the two of you or were others present?

**Dr Donahue:** I think the discussion was between both of us. There were obviously people nearby, because it was a fairly small meeting, but it was between both of us really.

**Ms Jackson:** So it was a private conversation between the two of you?

**Dr Donahue:** As private as it gets in a business meeting where there are people closer than the members here are to me.

**Ms Jackson:** In that conversation, did he report something to you about your billings?

**Dr Donahue:** Yes, he did.

**Ms Jackson:** What did he say to you?

**Dr Donahue:** He said that he knew what my OHIP billings were.

**Ms Jackson:** Did he say how he knew?

**Dr Donahue:** Well, he gave me a figure which was to two decimal points. It sounded so accurate that I was just stunned for a minute, because if you guess what somebody's income is, it is rarely to the decimal point. So I asked him, "Where in God's name did you get this stuff?" and he said he had called friends or called somebody in the ministry or something along that line.

**Ms Jackson:** Was this in the ministry or in the government or did he say?

**Dr Donahue:** As I say, I thought he said ministry, but maybe it was government. I got the impression that he had some direct access to someone who had some very specific information about me.

**Ms Jackson:** Did he tell you anything else he had learned from that person or people?

**Dr Donahue:** My memory is just a little vague on it, but I got the impression he gave me some figures or breakdowns in terms of percentage of what epilation is. But as I say, I cannot be sure about that.

**Ms Jackson:** Do you recall, without knowing what percentages he gave you, whether you were struck by the accuracy of those percentages in the way you have indicated you were struck by the accuracy of the total billing number?

**Dr Donahue:** Yes, I was astounded, because to be honest with you, on a day-to-day basis, even I do not know what those percentages are. It is not the kind of information I tend to carry around with me in my head.

**Ms Jackson:** We will not know the dollar number of that, at least not in the public sessions, but in terms of the percentage you have given the committee earlier for the epilation proportion of your practice, I take it if you were struck by the accuracy, the number he gave you was something in the order of the number you gave the committee earlier this morning.

**Dr Donahue:** Yes, that is true.

**Ms Jackson:** Did you do anything as a result of that?

**Dr Donahue:** I took a big breath because I was shocked. You just do not walk into a meeting or something along that line and somebody walks up to you and says, "Hey, I know how much money you make." The numbers were so specific I had to go back the following day and call my accountant and say, "Hey, what did we bill last year?" I had to check it out.

**Ms Jackson:** When you checked it out, did it check out?

**Dr Donahue:** It checked out, sure.

**Ms Jackson:** Was there any indication from Mr Harfield that he had given this information to anyone other than yourself, to whom it clearly related?

**Dr Donahue:** No. As I say, we did not spend a great deal of time talking about it. There was a number of other people I had wanted to talk to at the meeting, and I was pretty upset about the discussion. I just wanted to get away.

**Ms Jackson:** The thing you were upset about, I take it, was not that he was telling you this information, but that he had received it from someone else who presumably knew it.



**Dr Donahue:** My conclusion was that if he can obtain this information, obviously other people who have sources in the government can get it too. It just seemed a little strange.

**Ms Jackson:** Once you had confirmed that not only had he information, but that it was accurate information, did you do anything as a result?

**Dr Donahue:** No.

**Ms Jackson:** Did you contact anybody to express any concern about that?

**Dr Donahue:** No, not at that point.

**Ms Jackson:** Later on did you contact anyone?

**Dr Donahue:** Later on, after the events of Thunder Bay, I did, yes.

**Ms Jackson:** Do you remember whom you contacted?

**Dr Donahue:** Yes, after the events of Thunder Bay, I got to thinking about everything that had been happening to me and all these strange things. I did not know what was going on, but I did know that seemingly at least one person had access to information about me, so I got in touch with Mr Ian Scott.

**Ms Jackson:** Did you tell him how he might get in touch with Mr Harfield?

**Dr Donahue:** Yes.

**Ms Jackson:** Turning to the events of Thunder Bay and their aftermath, when did you first hear about the conversation in Thunder Bay between Ms Martel and Mrs Dodds?

**Dr Donahue:** Sunday night, which I guess would be the 8th.

**Ms Jackson:** How did you hear of it?

**Dr Donahue:** She called me.

**Ms Jackson:** Who called you?

**Dr Donahue:** Ms Martel did.

**Ms Jackson:** Do you remember when she called you?

**Dr Donahue:** It was late in the evening, somewhere around 10 or 10:30, although I am a little vague on that.

**Ms Jackson:** What is your best recollection of what she said?

**Dr Donahue:** She said she had made some public comments about me and about having seen my file and that there were charges against me.

**Ms Jackson:** Did she say anything else?

**Dr Donahue:** She said they were not true and that she had made it up.

**Ms Jackson:** Did she express an apology?

**Dr Donahue:** She said she was sorry.

**Ms Jackson:** Do you remember if she said anything else?

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**Dr Donahue:** Perhaps. I was trying to get some information out of her. I mean, this was like an atom bomb. It was 10:30 at night and I was just sitting around my apartment and someone calls me and says, "Oh, by the way, I'm a senior minister in government, and I just publicly said

that you have charges against you." I was just devastated. I was just stunned.

She mentioned that she had called the other people involved and she felt it would not be going anywhere. Because, when she called, I said: "You just ruined my life. You just destroyed my professional reputation, my integrity. You have just ruined me." Because a minister cannot make a statement like that against a citizen and not be believed by at least some people. I mean, there are a lot of people willing to believe the worst about anyone.

She said, "You know, I've retrieved. I've called everyone and they are not going to go any further." Then she said she had called someone in one of the newspapers. I think she said the Globe and Mail or something like that. I said: "This is impossible. If the reporter has got this, then the story has gone. This story is going to flash right through Ontario. You're not going to stop this. You can call these people, but believe me, this is not the kind of story that just becomes overlooked, not when it comes from a minister."

**Ms Jackson:** You said you were trying to get some information from her. Do you recall what that was?

**Dr Donahue:** When she called and said she had made this statement, that she had seen my file and there were charges pending, I said: "Your story is just incredible. How can I believe it? Is there such a file? Where do you get this information?" I said: "You know, you are a senior minister of the crown. You've got a reputation for being pretty sharp and you don't go around making these things up right on the spot. What's your source? Where did you get this?"

What I was desperate to find out was, was there such a file? There are files on all of us. There are credit reports, files in banks, personnel files and files everywhere. You do not know what people say about you, so I want to know: "My God, is somebody saying rotten things about me? Where? What source?" I said: "Did you see a file? If you did, let me know. I've got to know. I've got to see this file because it's obviously wrong and so if it is wrong, I want to correct it."

It is like finding out that your neighbour hears you went bankrupt because some credit company has gone around doing a credit check on you and your neighbour says, "Ah, you're bankrupt." And you say, "Hold on a second. Who gave you that information?" "Oh, the credit company." So you call the credit company and they say: "Oh, I'm sorry. There's a misunderstanding. This is what we meant."

**Ms Jackson:** When you pressed her to find out who had the file and where it was and what it was, what was her response?

**Dr Donahue:** She just kept saying that she had made it up.

**Ms Jackson:** I am going to put before you some notes that will be identified by Ms Martel in her testimony as notes of a conversation with you. Could I ask that those be circulated to members of the committee?

**The Chair:** They are being distributed and they will be marked as exhibit 95.



**Ms Jackson:** Dr Donahue, you have had a chance to review those notes.

**Dr Donahue:** Mm-hmm.

**Ms Jackson:** Is there anything in there that is inconsistent or at odds with your recollection of the remarks you made in the conversation?

**Dr Donahue:** No, I think it is pretty accurate. There is a question here that I would want to talk to Dr MacMillan, I do not remember, but overall I cannot disagree.

**Ms Jackson:** At the top of page 2, you are referencing the note that, "Should talk to Dr MacMillan." You do not recall making a comment of that sort?

**Dr Donahue:** No, but as I say, the information here is a bit more specific than I would have personally remembered.

**Ms Jackson:** But is the general tenor of these comments the same as the kind of thing you recall saying?

**Dr Donahue:** Oh, yes.

**Ms Jackson:** There is nothing in here that strikes you as inaccurate.

Interjection.

**The Chair:** Order, please.

**Mr Conway:** Just for clarification, what exactly is this we are looking at?

**Ms Jackson:** This is a typed version of Ms Martel's notes of this conversation, which I expect she will indicate are generally Dr Donahue's comments.

**Mr Conway:** Say that again so I am clear. This is Ms Martel's—

**Ms Jackson:** Typed version of Ms Martel's handwritten notes of this conversation.

**Mr Conway:** This Sunday evening conversation with Dr Donahue?

**Ms Jackson:** Yes.

**Mr Conway:** Thank you.

**Ms Jackson:** Dr Donahue, last I would like to ask you to identify a letter of December 9, 1991, and I will ask that it be distributed to committee members as well.

**The Chair:** Distributed as exhibit 96.

**Ms Jackson:** This is a letter from Ms Martel apparently to you, dated December 9th, in which she notes she is repeating the apology she made in her conversation last night, as of the date of this letter. Did you receive this letter?

**Dr Donahue:** Yes, I did.

**Ms Jackson:** The committee heard this morning from a woman named Susan Majkot.

**Dr Donahue:** Yes.

**Ms Jackson:** She has a daughter who is a patient of yours.

**Dr Donahue:** Yes.

**Ms Jackson:** Do you recall a visit from her in February of this year?

**Dr Donahue:** I do.

**Ms Jackson:** Do you recall what she said to you?

**Dr Donahue:** In vague terms, sure.

**Ms Jackson:** What did she say?

**Dr Donahue:** She said she had called Ms Martel's office at some date, she was not quite sure at the time, and the comment that had been given to her was something about irregular billings or something along that line.

**Ms Jackson:** Are those the words she used?

**Dr Donahue:** I cannot quote her because I honestly do not really remember.

**Ms Jackson:** Did you respond to those remarks when she made them?

**Dr Donahue:** I was stunned. I was in the middle of my office and my secretary came back and said somebody wanted to talk to me about the Martel affair. Frankly, I did not want to talk to anyone about the Martel affair or anything, so I told my secretary: "Just forget it. There is no way." Then she said, "It's a patient's mother." So I thought, okay, I will take a minute out, but I am not talking to anyone about this. When she came in and told me that, I was really upset. I said: "I don't want to hear this. I just don't want anything to do with this." I said: "Thanks for telling me, but you really should find someone else. You should be telling this to someone else"—like yourself, or somebody on the committee or something like that.

**Ms Jackson:** Had you heard those kinds of remarks from anyone before, or was that the first report you had had of them?

**Dr Donahue:** That was the first report.

**Ms Jackson:** Did you assist her in making contact with someone connected with this hearing process?

**Dr Donahue:** I called Dr de Blacam, who is president of the local medical society, and discussed it with him and said, "Now one of my patients just came in and said something like this." He said, "Will she testify?" I said: "I think so. She talked to me." So he said, "Okay, give me her name and number and I will see to it that the committee gets in touch with her."

**Ms Jackson:** Apart from the fact that she is the mother of one of your patients, do you know Ms Majkot?

**Dr Donahue:** No.

**Ms Jackson:** Is she a particular friend of yours at all?

**Dr Donahue:** No. I do not know her at all.

**Ms Jackson:** All right. Thank you, Dr Donahue.

**Dr Donahue:** Thank you.

**Ms Jackson:** Those are all my questions.

**The Chair:** Thank you, Ms Jackson. Keeping in mind the time and the amount of questioning that has gone on, we will recess for 15 minutes.

The committee recessed at 1528.

1549

**The Chair:** We are back in session for the afternoon meeting of the Legislative Assembly committee. Before opening it up to questions by rotation, our counsel would like to ask just a few further questions of Dr Donahue.

**Ms Jackson:** Actually, just one, Dr Donahue. I had you describe that you did indeed close your office on November 29, and I had you describe that somebody came into



your office in February 1992, but I neglected to ask you when you reopened your office.

**Dr Donahue:** On January 13.

**Ms Jackson:** Why?

**Dr Donahue:** The Minister of Health, Frances Lankin, made an announcement in very early January—I cannot remember the date; maybe the 3rd or whatever it was—that the difficulties with the billing cap in so far as physicians in underserviced areas are concerned would be resolved to the physicians' satisfaction.

**Ms Jackson:** And you opened your office as a result.

**Dr Donahue:** On that basis, yes.

**The Chair:** We will now open for questions, first by the official opposition, Mr Elston. I have allocated 45 minutes per caucus.

**Mr Elston:** Just 45? Thank you very much, Mr Chair. Dr Donahue, just a few questions. I was interested, you are the only permanent dermatologist in northern Ontario. Is that true?

**Dr Donahue:** There is a dermatologist, Dr Rinne, who has been there for an extremely long period of time. He is past retirement but is still working, so he is a factor. But I understand from comments made to me that it has become a bit of a hobby for him.

**Mr Elston:** In fact exhibit 91, the Nuala Doherty memo to Floyd Laughren which mentions Dr Rinne, a retired doctor, speaks fairly clearly to his status in Sudbury. He is basically retired but has a few patients. Is that how you describe him?

**Dr Donahue:** I do not have any intimate knowledge of Dr Rinne's practice, but the understanding from people who do see him or other physicians is that he is still partially active.

**Mr Elston:** The other person mentioned in that memo, Dr Hradsky—do you know of that person?

**Dr Donahue:** I do not know her very well, but she is a dermatologist in Toronto who flies up to Sudbury to do clinics.

**Mr Elston:** Did you know that Dr Hradsky, via a letter introduced by the Deputy Minister of Health, was used to suggest that your practice somehow was improper because you employed 14 staff and she employed only two to carry on her business? Did you know that?

**Dr Donahue:** I was made aware of those comments.

**Ms Jackson:** I do not think it was a letter.

**Mr Hope:** No, it wasn't.

**Mr Elston:** It was a memo, then, that Dr—

**Ms Jackson:** A transcript of an interview.

**Mr Elston:** A transcript of an interview? I am sorry, my apologies. It was a transcript of an interview which is an exhibit here and was introduced by Mr Decter when he was going through. He actually gave testimony on behalf of Dr Hradsky through the able counsel of one Mr Kormos at the time.

Dr Hradsky's transcript—the interview, I guess it was, with Morning North or whatever—suggested or alleged

that your practice somehow was improper because she employed two people but you employed 14. Do you have an opinion about why she would happen to want to suggest that you were not carrying on a quality practice?

**Dr Donahue:** No. As I say, all of this is sort of third hand, so I am not entirely certain what Dr Hradsky may or may not have been intimating. But I think what you have to understand is that—

**The Chair:** That is exhibit 76, if you would like to refer to that.

**Mr Elston:** Yes, an interview on Morning North, CBC, Peter Williams, host, of Dr Nadine Hradsky.

**Dr Donahue:** Well, as I say, I am not entirely certain what the overall intent was. I am obviously rather aghast, if not a bit surprised. As I say, I have very little contact with Dr Hradsky and I have never discussed my practice with her. She has never asked me any questions about my practice. She has never been in my office, as such, so I think it is a little unfair—I think you would agree—to draw these conclusions. I guess she is asking questions about things she does not really know very much about.

**Mr Elston:** Just to go over your staff complement again, there are how many registered nurses?

**Dr Donahue:** I have six registered nurses.

**Mr Elston:** And they perform delegated acts with patients on behalf of you under your supervision. Is that partly what they do?

**Dr Donahue:** They assist me in many ways, such as in facilitating the consultative process by obtaining histories beforehand and teaching my patients how to use a variety of different medications and drugs. They assist me in providing or rendering certain services that would be unavailable in northern Ontario otherwise.

My basic problem in northern Ontario is that unless I can provide the care and service the patients need, they must necessarily travel to Toronto. On this basis, if I am actually going to provide good medical care, I must unfortunately assume the responsibility and cost of employing these people.

I do not want to go on too long but, for example, in terms of a disease called psoriasis where people develop large, red, scaly plaques on the body, this actually, biblically speaking, is the modern-day equivalent of leprosy. These people oftentimes will only respond or clear with phototherapy, meaning special light cabinets, special wavelengths, and this of course should be performed under the supervision of a qualified dermatologist.

In Toronto there is no need for a dermatologist to have photo treatment because it is available in all of the teaching hospitals. So what tends to happen, if you open a practice as a dermatologist in Toronto, is that your operating costs are really very low. You do not really have to assume responsibility for any sort of complex investigation or technologies.

Be that as it may, I have unfortunately had to assume this responsibility; otherwise those services simply would not be provided to the people in northern Ontario. This really is why I need my staff. I like them all and they are



all wonderful people, but I think, as anyone who has run a small office would realize, the fewer people you have, the fewer headaches. But as I say, I have no problems with my staff. If they are watching, I am glad they are all with me and I certainly hope they will stay with me for a long time to come.

**Mr Elston:** You are a highly qualified specialist in dermatology. You actually took the extra training in the United States for some time.

**Dr Donahue:** Yes. I did special training in dermatopathology, primarily because of my interest in oncology or cancer. I had done some research in cancer prior to entering medical school and I have continued my interest in cancer. Dermatopathology is the founding science upon which dermatology is subtended, so by being able to review microscopic slides I have a far better understanding of the pathologic process of disease in any one patient that I see. I would like to think it gives me a leg up on most dermatologists.

**Mr Elston:** Your work in the pathology of dermatology, if that is the correct way of describing it, then, can take you into other disciplines as well, as a physician in Sudbury.

**Dr Donahue:** Yes. The truth of the matter is I practise both as a dermatologist, which is a clinical practice, as well as a dermatopathologist. In that sense I have a referral practice. I accept slides or difficult cases from pathologists from the province or different regions and I assist them in making difficult diagnoses because of my experience in reading out dermatologic slides. I also teach dermatopathology.

**Mr Elston:** Your work as a dermatologist in Sudbury is more than what would be experienced by a southern Ontario dermatologist like Dr Hradsky, for instance.

**Dr Donahue:** As I say, I have never actually seen her practice. I do know that she practises in Toronto where there are well over 100 dermatologists and essentially one per 40,000. You have a number of teaching hospitals where there are residency programs. So you might say that I have a much broader practice than the average dermatologist in Toronto for those reasons. Unless I can actually perform the service or do the investigation, the patient will necessarily have to come to Toronto, not that Toronto is all that bad a city, but for the average patient, to have to travel the distance is an enormous inconvenience and a costly one as well.

**Mr Elston:** I am interested quite a lot in the memo, exhibit 91, Nuala Doherty to Floyd, October 31, 1991. It starts off, "Dr Donahue would like an exception." Had you been talking with people in Mr Laughren's office? Had you been talking with Ms Doherty at all at this stage?

**Dr Donahue:** My understanding is that they called me one day. They had called me.

**Mr Elston:** Out of Mr Laughren's office?

**Dr Donahue:** I do not have specific knowledge of exactly who had called me, but I have some vague recall that somebody from Mr Laughren's office had called me.

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**Mr Elston:** But by the 31st of October it is clear they knew that you were quite concerned about this issue, and you think you remember a call from his office?

**Dr Donahue:** Well, let's just say I would not deny having had a call.

**Mr Elston:** Okay, but you are not precise that it was somebody out of that office. I am taken by the fact that as of October 31, 1991, under a clause called "Present Appeal," Nuala Doherty asserts, "Dr Donahue's financial statements have been sent to the joint management committee." Can you advise what the joint management committee is in your understanding?

**Dr Donahue:** The joint management committee is a committee that was set up under the terms of the memorandum of agreement that was signed between the Ministry of Health and the OMA. It is supposed to be a body involving six or eight representatives from both sides. It is understood by the OMA to represent its ability to influence government policy, sort of a joint management committee. The truth of the matter is, from the government's perspective, from statements made by the deputy minister, it is perceived by the government to be little else than a mechanism by which to negotiate or settle disputes with regard to fees and so on. So the different groups have a fairly different idea of what the ultimate use of the JMC is going to be. But it is supposed to be the ultimate body for negotiation between government and the OMA.

**Mr Elston:** That is under the general agreement, which is, I have been advised, exhibit 8. Can you tell me if you had asked the OMA or the Ministry of Health to take your financial statements, so described, to the joint management committee?

**Dr Donahue:** Absolutely not.

**Mr Elston:** You had not given permission for any of this material to go to this body for review?

**Dr Donahue:** No, I certainly did not, and when I saw this statement, which I think I saw first in print last night or this morning, I was really taken aback.

**Mr Elston:** I found it extremely surprising myself since we have just been told by Mr Decter in testimony that they are just making arrangements now to share bulk information with the OMA under some agreement that they are about to negotiate. But this looks like somebody has advised—other than yourself, in any event—that your files were going to go to the joint management committee. Do you know any of the members of the joint management committee? I can tell you Mr Decter is one, but after that I am not sure.

**Dr Donahue:** I do not actually know them personally. I mean, I know one or two names. I think Dr Dixon is one.

**Mr Elston:** From the College of Physicians and Surgeons of Ontario?

**Dr Donahue:** No. I think there are two Dixons; they are different. We are talking about the president of the OMA.

**Mr Elston:** Okay.



**Dr Donahue:** The other person I perhaps know a bit better is Dr Wendy Graham, because she is a general practitioner in North Bay and so she sends me patients. So her name is familiar to me, and I had heard she was on the JMC.

**Mr Elston:** Have you ever been told by anyone that the joint management committee actually did study your financial statements?

**Dr Donahue:** Yes. Dr de Blacam, who is president of the Sudbury and District Medical Society, told me that subsequent to a conversation he had with Dr Wendy Graham she admitted that my file had been reviewed in detail by the JMC and that no exclusion for my practice was forthcoming.

**Mr Elston:** This was told to you by Dr—

**Dr Donahue:** By Dr de Blacam.

**Mr Elston:** And his status?

**Dr Donahue:** He is a general practitioner in Sudbury, but he is also president of the local medical society in Sudbury.

**Mr Elston:** He advised that he had had this contact with Dr Graham?

**Dr Donahue:** Yes, that is right.

**Mr Elston:** Would it surprise you to hear that Mr Decter has denied that they talked about your medical materials, your financial statements, at the joint management committee?

**Dr Donahue:** The truth of the matter is, I do not know what was discussed at JMC and what was not. All I do know is that someone whom I trust and have a great deal of faith in, that is Dr de Blacam, told me that my file was discussed. Moreover, some time during the summer I was in conversation with Dr Graham, and she said she would do her best. So the fact that they discussed my file probably would not surprise me, but the fact that they did not, given Dr de Blacam's statement, I guess would surprise me.

**Mr Elston:** Bearing in mind that Mr Decter sent you a letter on November 19, 1991, asking to publicly discuss your financial—I guess publicly discuss your open books would be more particularly like it—was it your feeling that you were under a great deal of not only scrutiny but pressure from the government because of your vocal opposition to this program?

**Dr Donahue:** I guess the question—what date do you mean? The 19th of November?

**Mr Elston:** The 19th of November.

**Dr Donahue:** These are just impressions. Remember, they can be coloured a little bit by looking at the issue retrospectively. I got the general impression, because I mean journalists were calling me and from the tenor and tone of the conversations they were asking me, that they had a certain spin on the issue. It was sort of difficult for me to try and convince them otherwise. They were looking for a lot of personal information about me. I just simply told them that the issue was one of underservice that applied to 700 doctors in Ontario and that perhaps they should start contacting some of these 700 to find out just how big a problem it really was.

**Mr Elston:** Have you had any contact from the OMA to assist you in this issue, in resolving the underserved area program, the cap—or I think it is called a threshold—by the government people? Have they provided you with assistance to mount your discussions?

**Dr Donahue:** No. I think the OMA has been severely criticized, not by myself publicly or for that matter even privately, but it has offered me absolutely no help at all, which I do not understand. They have never really explained.

**Mr Elston:** Those are all the questions I have for the moment. Thanks.

**The Chair:** Thank you very much, Mr Elston.

**Mr Conway:** Dr Donahue, I want to just go over some of the comments you made this morning. I was taking notes as you spoke. I just want to clarify a number of things, but before I do that—prior to the events of the fall of 1991 you had been in Sudbury practising medicine for a little more than four years. I think you told us you came to Sudbury in the summer of 1987. Am I right in calculating that you would have been in your fifth year of practice in Sudbury by the time November 1991 broke?

**Dr Donahue:** Going into the fifth year, yes.

**Mr Conway:** In the course of the previous four years and some months, had you ever been involved in what I might call any sort of public debate or political issue as it might have related to this government, this provincial government, its predecessor or the local government?

**Dr Donahue:** I had acted as a patient advocate because of my concerns that certain patients, particularly females, with very severe hirsutism and metabolic abnormalities would have their benefits removed. At that time it seemed a little unfair because, while some people had branded the procedure cosmetic, the fee schedule which had contained that code for years also contains numerous other codes for other procedures that could be deemed to be cosmetic.

I do not want to give you a long litany of it, but if you have a little bit of acne scarring from your adolescence, the ministry will pay for dermabrasion. If your nose is a little crooked, they will straighten it out for you. If you got a tattoo and you want to get rid of that, they will pay for that. If you have something called a birthmark or a strawberry hemangioma or a port wine stain—you know, Gorbachev has one on his head—I mean, they will pay for a laser abrasion. The list goes on and on and on. It just seems to me a little unfair that these women would be, you might say, picked on and have their benefits removed. I knew some of these women personally. It was pretty heartbreaking that they would not be able to continue.

1610

**Mr Conway:** This patient advocacy to which you make reference is an advocacy that, I take it, in terms of the public domain, developed in the last year around the whole epilation issue.

**Dr Donahue:** In the summer of 1990. The fact of the matter is, the ministry had been thinking or talking out loud about delisting that probably for two or three years.



**Mr Conway:** My point in asking the question is, if I were a Sudbury area MLA, what, if any, reason would I have to know about you, assuming I was not one of your patients?

**Dr Donahue:** Actually, there are probably two or three. In so far as epilation is concerned, I felt that the decision to delist was probably not fair to women generally speaking, because it is really only women who get treated, so I wrote a letter to all the local MLAs, including Ms Martel, Ms Murdock and so on, and they sent letters of support on this issue to continue that. The MLAs, in that sense, would have known me.

The other way I guess they would have known me is that I am a very strong believer in preventive medicine and public education. I hold cancer-screening clinics throughout Ontario on a regular annual basis and I do this in a variety of towns. It tends to attract a fair amount of attention because skin cancer is becoming a very significant problem in our society. It tends to generate a lot of publicity and a lot of people come to these clinics. These are free clinics. I do not do any OHIP billings or anything like that. The public have been very supportive of these clinics. They really feel that they are very beneficial in public education and in screening people who, for the most part, would tend to avoid going to the doctor's office. I guess on that basis I am relatively well known.

**Mr Conway:** I appreciate that. You said earlier in response to Ms Jackson that by late summer you were becoming increasingly concerned about what the framework agreement between the Ontario Medical Association and the Ontario government would and could mean to your practice and that by the early fall of 1991 that concern was increasing in your own mind.

**Dr Donahue:** Yes, that is right.

**Mr Conway:** You said something as well this morning that I was very interested in, and I will try to quote you and I would like you to just respond. In talking about the November 15, 1991, meeting at Civic Square with the local MLAs, the representatives of the Sudbury medical association and municipal politicians regarding the framework agreement, I think I quoted you correctly that you said, "Up until that time there had been a great deal of interest in my income." Do you want to just clarify that? I may have not captured the full essence, but do I take you to be saying that throughout a good bit of November there was a fair bit of interest in your income?

**Dr Donahue:** Pretty well, because even the deputy minister, Decter, had gone—it may be in one of the exhibits and it was quoted in the *Globe and Mail*—"Let's know what's real, what's not real; let's get them to open their books."

I noted in one of the exhibits that when one of the journalists called the ministry and spoke to Paul Howard, he said something to the effect of, "Well, if you knew what we knew, then you wouldn't feel the same way." I think when comments like that are made to journalists they get the impression there might be something really dirty, there is some story there, and on that basis they go after it.

**Mr Conway:** At any point through November 1991, did any of the provincial members—Ms Martel, Ms Murdock or Mr Laughren, to be specific—or any of the officials representing the Ontario Ministry of Health, ever say to you, directly or otherwise, that they were very unhappy that you were mixing up, accidentally or otherwise, the delisting of epilation, the exemption being provided to people under the underserviced area program and the cap that was part of the framework agreement?

**Dr Donahue:** No. None of them actually came to me and said, "You have got a misunderstanding." I certainly do not remember them. They certainly never sent any letters like that and they certainly did not call me. There was no attempt to explain.

**Mr Conway:** So you had no indication whatsoever that there was a frustration on the other side of this argument, accidentally or otherwise, that a lot of things in the Donahue case were getting all mixed up together.

**Dr Donahue:** No. No, I did not. I mean, it is a complex issue: memoranda of agreement, exclusions, caps, epilation. It is difficult for people—it is easy to understand how people in the general public would be confused about all of these facts and figures.

**Mr Conway:** Again, just to go through this morning's testimony and the exhibits, I was very struck by exhibit 93 and I just want to confirm that exhibit 93 suggests dates actually. It is a letter from you to Dr MacMillan dated November 15, "Your recent phone call to me underscores a misunderstanding about the application of the ministry 'thresholds' as it pertains to physicians such as myself." This makes plain that by the middle of November, Dr MacMillan was actively involved in your case.

**Dr Donahue:** Yes.

**Mr Conway:** That you had had a phone call some time prior to November 15 and that you were corresponding by the 15th.

**Dr Donahue:** Mm-hmm. Yes. True.

**Mr Conway:** I am also struck again by the fact that you said this morning, and correct me if I am wrong, but that November 15 meeting, I have you quoted here as saying that Treasurer Laughren was quite outspoken in his request that you, Dr Donahue, open your books publicly. I fairly represent that?

**Dr Donahue:** Yes. Yes, that is my recall.

**Mr Conway:** Do you recall anything else about Mr Laughren's demeanour or his comments of that day?

**Dr Donahue:** I do. I guess my staff and I were struck by certain things. It is true.

**Mr Conway:** The reason I ask that is that you may not have had the opportunity, but we have a number of exhibits, and I am going to make reference to, and of course it is not—I have got exhibit 28 and exhibit 49, to mention but two. There are others where it is quite clear.

Exhibit 28 is from Larry Corea, who is a special political assistant to the Minister of Health. He is corresponding with, among others, Michael Decter, the Deputy Minister of Health, saying, "Nuala Doherty of Floyd Laughren's office



called to indicate that they have been inundated with calls regarding Dr Donahue."

A little bit later, the next day, November 13—this is exhibit 49—we have the Treasurer's executive assistant, Ms Notar, corresponding with Ms Colley, executive assistant to the Minister of Health, stating, and I quote, "We would like to request briefing notes on Dr Donahue's actual position and a political response from the Ministry of Health."

It is quite clear that by mid-November you are certainly attracting a very significant amount of ongoing attention in very high places in the Ontario government, and you were quite aware of that, surely.

**Dr Donahue:** Well, they never really told me. I mean, to be honest with you, when I sort of reviewed proceedings, I was somewhat stunned at what in fact was sort of transpiring in the background. I mean, the problem as far as the billing cap is concerned, the physicians in northern Ontario, I thought was a problem that could be solved with 15 minutes of sort of reasoned discussion. It did not seem terribly complex.

**Mr Conway:** Well, you see, I am trying to understand what ultimately happens around Ms Martel's speech on December 5, 1991, at Thunder Bay, and I just want your help. As I look at this, I have got to believe, though, that you felt that, as the month of November went on—we have all of the media exhibits. You are very much front and centre in this attack on a major piece of government policy.

**Dr Donahue:** Let's just say that it was never my intention to be front and centre, because I was at pains in all my conversations with everyone, be it journalists or members of the Parliament, that I was simply not the issue—I never was, never am and hopefully never really will be—that the issue was service to people who deserve it in northern Ontario. There are not enough doctors, there are many other doctors—yes, I agree with you that for whatever reason, the media were focusing in on me and I was inundated with calls. I did my best to try and expand the issue to let them know just, you know—I mean, I hate to say the word—just get off my case.

**Mr Conway:** I am not asking you to apologize for any of this, I just want to understand, and I presume that you must have begun to feel that you were at the centre of this controversy.

**Dr Donahue:** Yes, agreed, I was at the centre of a whirlwind.

1620

**Mr Conway:** You mentioned as well that in response to Ms Jackson that—and I think again, I have tried to quote you—you were concerned some time, I forget when it was—in mid to late November—you were concerned about "biased things" that were coming out of the ministry in connection with your case. Do you recall having said that this morning and could you elaborate?

**Dr Donahue:** Yes. As I say, these are impressions. I do not know that I could actually give you the exact figures. But when journalists would come to my office, they most often had the opportunity of discussing the issue with—from the ministry, and they would say, "The ministry says

you should open your books, and the ministry says—" I just got the impression that they were focusing uniquely on me, and things were just getting out of control.

**Mr Conway:** Did you have, in any of your discussions with Dr de Blacam or any of your colleagues in the Sudbury, northern Ontario medical community—did you ever throw out October, November, prior to December 5—did you ever have any inclination from any of your medical colleagues that they were beginning to know things about you that you were surprised to learn?

**Dr Donahue:** No. Doctors tend to be pretty close-mouthed, so I cannot remember any conversation as such. If there was, I just cannot remember specifically.

**Mr Conway:** You said as well that towards the end of November you were beginning to get, and I think your phrase was—you were getting a number of calls from Mr Sword from Ms Martel's office—nearly desperate, I think you said at one point. Mr Sword seemed to be nearly desperate to get a meeting between yourself, representatives of Ms Martel's office, and Dr MacMillan, or some other representative from the Ministry of Health/OHIP.

**Dr Donahue:** That is right.

**Mr Conway:** Could you help me understand, from your recollection, what seemed to be, or what you thought might be, fuelling the near desperation of Mr Sword?

**Dr Donahue:** I do not know. I just got the feeling that somebody told him, "Get a meeting with that guy and get it before December 5."

**Mr Conway:** Did you have any reason to think about what the importance of a meeting before December 5 was from Ms Martel's office point of view?

**Dr Donahue:** Not specifically. I discussed this with the president of the district medical society to find out why the urgency was with meeting with me specifically. It was an important issue that related to at least 17 doctors in Sudbury, 35 in northern Ontario, and why they would want to meet with me just seemed a little silly because I had no intention of cutting a separate deal.

You see, there had been a situation in Peterborough involving a number of cardiologists and apparently Dr MacMillan was able to resolve that to the satisfaction—as I understand it, anyway—to the satisfaction of the cardiologists there. But this was a separate—you might say, like a separate deal.

The truth of the matter was that the people and the physicians in northern Ontario recognize that there is a fundamental problem in providing services to northern Ontario; not as it pertains to dermatology uniquely, but as it pertains to a variety of other medical specialties. There were hundreds of doctors in Ontario affected by this. So we felt that there had to be a policy decision where the ministry would decide that for physicians working in underserved areas where they are in short supply, the cap should be removed. There was a feeling among the physicians in Sudbury that private meetings with ministry officials could only end up with secret deal negotiations that may be satisfactory to one physician, but would not address a fundamental problem, and that was service.



I never wanted to be perceived as cutting a deal for myself. I was not in it for myself. I know people may not believe this, but the reason for even my involvement was I really felt that it was fundamentally unfair that so very little health care dollars were being spent in northern Ontario when compared to southern Ontario. The figures are just shocking.

**Mr Conway:** You mentioned that when you saw or got Dr Decter's letter of November 19, 1991, which I think is exhibit 73—Dr Decter's letter which essentially asked you to open up your books "chilled your blood," I think was your phrase.

**Dr Donahue:** Yes, it scared me all right.

**Mr Conway:** Did you connect Dr Decter's request with the rather outspoken attitude of the Treasurer a few days before at the meeting at Civic Square?

**Dr Donahue:** Yes. I thought they had gotten together. As I say, I do not know, but it just—

**Mr Conway:** You saw some connection in your own mind?

**Dr Donahue:** Well, they were all after me for the same reason. Whether they decided that collectively or individually, it just was a little curious that they all were asking me the same thing.

**Mr Conway:** I want to go to what I think is a very serious business and that is the meeting you had with Mr Keith Harfield. I am correct, am I not, in saying that you met—was it socially—on November 29? Or you were at a meeting of some sort.

**Dr Donahue:** I was at a meeting of the small businessmen's association. I had been invited to go. I guess they just wanted more people in attendance, for whatever reason, and I just happened to attend. While I was in attendance, they were discussing the funding of the health care system and the manner in which the business health tax would be impacting on the cost of running a small business. So I spoke to the meeting on how the billing cap would actually increase the cost of medical care for northern Ontario, because the alternatives to the provision of local service were to fly doctors in at enormous cost or fly people down at enormous cost. After my brief comments on that, that is when Mr Harfield came up to me.

**Mr Conway:** Did you know Mr Harfield?

**Dr Donahue:** No, I had never heard of him before.

**Mr Conway:** If you could quickly summarize the encounter with Mr Harfield again. You had never met him before. You met at this meeting. You have undertaken to give your view on what the threshold cap is going to do to northern Ontario medical practices.

**Dr Donahue:** Yes, what it will actually do for businesses, because that was really the key, because businesses ultimately would have to pick up the tab.

**Mr Conway:** So Mr Harfield comes over and introduces himself?

**Dr Donahue:** Mm-hmm.

**Mr Conway:** Quickly tell me again what he did.

**Dr Donahue:** Well, he introduced himself. He said, "Thanks very much for very enlightening comments." He said he is a business consultant in the area and he is often asked to make comments or studies on things like that. I mean, do not quote me. As I say, it is just my impression. He said: "You're not going to get a lot of sympathy. You know, you make this amount of money." The figures were so precise, it was not a guess. He was not bluffing me. It is not as if he had worked it out out of newspaper clippings and a little calculator. The man was not kidding; he knew. Boom, these are the figures.

I just stopped with an open mouth and said: "Where did you get these? How did you get these things?" He said he had contacts in the ministry or government, I was not sure. Ms Jackson asked me whether it was the ministry or government. I thought he said ministry. So he got information like that about me and he said, "It is easy to get." And I thought, boy. Then I believe he said, "X amount is for epilation." I cannot be sure. That may be sort of a bit of a biased statement, but I seem to remember he said that. But it just reinforced in my mind that this man had a pipeline to someone or somewhere.

**Mr Conway:** You then subsequently called your accountant?

**Dr Donahue:** I called him the next day to say, "Listen, what did we bill OHIP last year?" He gave me the figure and I was pretty amazed to realize that the figure was accurate.

**Mr Conway:** So he specifically alleged a certain amount that you billed OHIP in the year, presumably, 1990-91?

**Dr Donahue:** Well, whatever it was. It was for the preceding year.

**Mr Conway:** When you checked those OHIP billings, they turned out to be very precise?

**Dr Donahue:** Yes.

**Mr Conway:** What did you think? Did you connect any of that back to what Mr Laughren had said or Mr Decter had said in his November 19 letter?

**Dr Donahue:** Well, it seemed as though, what is the expression, the hen was coming to roost. I got this letter—and maybe I am wrong—which I interpret as a threat. Information about me was going to get out whether I agreed to it or not.

1630

**Mr Conway:** We heard last week that staff in Ms Murdock's office were telling some people who called what they estimated your billings to have been. Did anybody ever report that that kind of guesstimation was going on?

**Dr Donahue:** Not to me directly. You have to understand that the people in Sudbury are well brought up, if I can use that term; they are nice, polite, quiet people. If they had heard that, they would not confront me directly; they would just sort of whisper something maybe to my staff or something like that.

**Mr Conway:** But you were not being very polite and quiet about the cap. You were really raising the roof, were you not?



**Dr Donahue:** I was very concerned. The cap is unfair. It is not necessarily unfair to the doctors, but it is unfair to the citizens who work in that area and by virtue of the fact that these doctors have got to see these patients. They have a responsibility to provide treatment for these people. It just did not make any sense.

As I say, the issue of the billing cap is something that two sensible people can sit down, discuss over 15 or 20 minutes or half an hour and come to a decision on. The figures in regard to underservice in northern Ontario have been published and discussed ad nauseam. It is just obvious that the area needs an exclusion.

**The Chair:** I want to just remind you there are five minutes remaining.

**Mr Conway:** Late on the night of December 8, around 10 or 10:30, you got a call from Ms Martel in which she apologized and indicated what she had said was without foundation etc etc. Just one question: Did you accept her apology?

**Dr Donahue:** I do not see how I can. How can you trade a reputation for an apology? My life has never been the same since. I cannot go anywhere any more. If I go to a professional meeting, I am accosted by people asking me, "Is it true?" or "What about this?" I cannot appear publicly. As I told her that night, my life is ruined, and there is no going back.

**Mr Conway:** I took you to say this morning that when she explained her version of what happened at Thunder Bay you found it to be incredible, that did not square with your knowledge of her previously.

**Dr Donahue:** I did not know her very well, but I think most people who are selected to be ministers tend to be at least of average if not better intelligence and capability. It is just not the kind of thing someone makes up. It is just not the kind of thing you make up off the cuff; it is not the kind of comment you make from hunches or suspicion. It is the kind of thing you are prepared to say; you have got this information and you are going to use it.

**Mr Conway:** My final question has to do with what Ms Martel said. I am now working from exhibit 17, which is Mrs Dodds's reporting of what she says Ms Martel said: "I have seen his records. You will lose sympathy when you see the charges that we lay against him" and she used the word 'criminal.'"

This morning we had the mother of one of your patients say in testimony on page 1110-1 the following things about what an administrative assistant in Ms Martel's office said. I think we estimated the date roughly to be Friday, November 15. According to Ms Majkot this morning, this administrative assistant in Ms Martel's office said, and I quote from the Hansard on that page, "Dr Donahue is billing illegally and we have the documentation to prove it." Later she says, "Well, when the public becomes aware of what he's doing, they won't be so supportive towards him." You had never heard that testimony until this morning.

**Dr Donahue:** Mrs Majkot's?

**Mr Conway:** Yes.

**Dr Donahue:** She had mentioned it very briefly but not in detail. I mean, the minute she started to talk to me I said: "Hey, I don't want to hear this. I don't want anything to do with this. I have just had it." I said: "Don't tell me this. If you think it is important, if there's some substance to it and so on, if this kind of thing happened, please just talk to someone else. There are some very important people you should talk to about this, but not me."

**Mr Conway:** Because it seems to me that there is an amazing degree of similarity between what Ms Martel said in Thunder Bay on the night of December 5 and what her office was telling people in your city three weeks earlier.

**Dr Donahue:** That is true.

**Mr Conway:** You had never heard this from anyone until Ms Majkot brought it to your attention a couple of weeks ago?

**Dr Donahue:** No. No one else told me that.

**Mr Conway:** And you had never heard anything like this?

**Dr Donahue:** No.

**Mr Conway:** Thank you very much.

**The Chair:** Time has expired at this point.

**Mr Harnick:** Doctor, just so we can clear up something dealing with the threshold, the cap and the delisting of epilation services: You have indicated, through the examination by our counsel, that as of November 1991 the threshold, the cap and the delisting of epilation services would not have put you over the cap because you were part of the underserviced area program. Is that correct at that time?

**Dr Donahue:** I think the estimates we have done subsequently would tend to confirm that, yes.

**Mr Harnick:** All right. Was there some concern that you had about what would happen over time?

**Dr Donahue:** That was really the key. I think anyone who runs a small business knows you can have temporary cash flow problems. That is what the bank is there for, to sort of see you through them. But I have an expensive practice to run and I have a lot of liabilities and I have a lease actually that is coming up for renewal this August. It is renewable for five years, so I have to make decisions for five years down the road. Making decisions for the next two or three months or five months or six months is not really the key.

I mean, my employees are very nice people. They have families. Some of them are single parents. Some of them have bought homes. Some of them have bought cars. When I talk to my employees I have to tell them, "You've got a job and you've got a job on a long-term basis. It's really on the basis of yes, we'll be in business for five years. I've committed myself to this lease. I've bought this equipment. It's going to be okay."

**Mr Harnick:** What would be the effect of the cap and the delisting of epilation on your practice if you wanted to continue to run that practice at the scale you had been?

**Dr Donahue:** Well, as far as delisting of epilation is concerned, it would actually have very little on my practice, because I was going to continue it anyway, but as a



private business. My patients, in essence, would become clients now. It is regrettable that there are some people, even at a discounted rate, who cannot afford to do that. But from my discussions with my accountant, the delisting of epilation would have very little ultimate effect on the long-term basis on my practice, so it really was a non-issue.

The real key was—my medical practice, which consists of six registered nurses and four secretaries—even if you eliminated epilation, I still could not continue on that basis because the costs were still there. The only way—well, I simply could not continue my style of practice. I simply could not continue to provide the kinds of services needed for that community. If three or four other dermatologists came up, then I would have no problem. In fact, on December 5—this is the option, choice or suggestion I gave to the deputy minister: that I would not complain about the billing cap if he could bring up 11 more dermatologists for northern Ontario. But if he could not bring up 11 more to rectify the situation, then obviously the billing cap had to come up for some people.

So the choice was that I could not continue my medical office, and that the only way I could actually continue providing service would be to dismiss all my 14 employees, or most of them—say, dismiss 12, keep one nurse, keep one secretary, get rid of my office, get rid of literally hundreds of thousands of dollars' worth of equipment and just find another small, little office and just sort of mind my business and do my job and keep turning people away.

I could not look people in the eye and say: "Listen, I know what you've got. I know the medical condition you have. Six months ago I used to have the equipment to treat it, but sorry, I can't here. Go to Toronto." I just could not do that.

**Mr Harnick:** If that cap were in place, you would have gone over that cap and it would all have gone towards your expenses, I gather, plus the money you would have lost?

**Dr Donahue:** Yes, if I continued, sure.

1640

**Mr Harnick:** All right. We have heard evidence, as Mr Conway indicated, from the office which Sharon Murdock ran in Sudbury that they had come up with some assumptions based on inaccurate information and they were advising people who phoned their office what your income was. We have also heard evidence today that in the office of Shelley Martel in Sudbury, people were phoning and being told that your billing practices were illegal and that there would be no sympathy when the public became aware. In terms of what was going on in that community between November and December 1991, what was the significance of these rumours being circulated and being on the street?

**Dr Donahue:** The significance? I am not quite sure.

**Mr Harnick:** How extensive were the rumours out in the community?

**Dr Donahue:** I honestly do not know. As I say, I put in 12 or 14 hours a day. Rumour is not the kind of thing I like to listen to. I honestly do not know. I cannot answer your question.

**Mr Harnick:** Especially when they are being promoted by government offices, I suppose.

**Dr Donahue:** All I know is that when the journalists came to ask me questions, they had sort of a unique spin on me as an individual and on my practice, and it seemed a little biased.

**Mr Harnick:** What has been the effect of these incidents in terms of your reputation in the community. Can you tell us that?

**Dr Donahue:** I do not really know, because frankly I just do not want to hear. Many physicians have come to me and have been very supportive. I have gotten calls from as far away as British Columbia and Toronto, people telling me that I should stick up for my principles and that I should not back down. Most of my patients essentially are very sympathetic to me and they have been very helpful. They have written hundreds of letters and made phone calls.

I know very well that there are people who like to believe the worst about people. That is why that newspaper the *National Enquirer* does so well: People love dirt, they love a rotten story. These events, from my perspective, have tarnished my personal and professional reputation, and no matter how hard I scrub, I will not be able to rid myself of that stain. There are people who want to believe the worst, and they will, and they will talk about it. It just makes my life a living hell.

**Mr Harnick:** Has your relationship with your patients been affected, and your ability to treat them?

**Dr Donahue:** Maybe not. The one thing that happens is that, day in and day out, dozens of time during the day, I have to go over the story in some way. I obviously do not want to discuss it, but they say, "Oh, by the way." It is really very distressing to have to go over this. To be honest with you, I would just rather forget the whole thing. It is just upsetting.

**Mr Harnick:** At some stage, did you become aware of any particular strategy that seemed to be developing regarding just Dr Donahue?

**Dr Donahue:** No, I do not think so. When I was getting these phone calls or these requests, I got the overall impression that they wanted me in some way to authorize them to sort of investigate, open my books and literally discuss every personal thing about me publicly, because they figured they could embarrass me in some way.

**Mr Harnick:** When did you first become aware that that was in fact what you thought was happening?

**Dr Donahue:** I think it was signalled by the deputy minister's comments. It was reported in the *Globe* that they wanted doctors to open their books. I just felt that you can resolve this issue without discussing people's books publicly. The ministry has these computers that can pump out a profile on a doctor that would shock you. It is 150 pages long and it can tell you how many patients you saw for colds over the past 10 years and give you the dates. The ministry is not lacking for information.

There is no reason whatever at all to discuss the issue on the basis of physicians' incomes or billings or net incomes. That is not really the issue.



The issue is a policy one with regard to how you are going to provide the necessary incentives to bring medical specialists up to northern Ontario. They are not predisposed to go, and when they do, they do not stay. They do not stay because the workload is horrendous, they are alone, they have no backup, and ultimately they crash. The life expectancy of the average male medical specialist in northern Ontario is five years, and after that they are gone.

**Mr Harnick:** Doctor, I bet it will be a long time before you are willing to take on a government again. Is that a fair assumption?

**Dr Donahue:** I think that when I reflect on this philosophically in my sort of quiet moments, this is what I think I regret the most. Everyone complains that citizens tend to be apathetic and do not get involved in the political process and they do not stand up and they do not make comments. You can get politicians complaining about apathy, but the events that happened to me seem to be a lesson to virtually every physician in Ontario and every citizen. It is chilling. What essentially the doctors are going to say now is they will never stand up, because otherwise they will get their heads shot off.

**Mr Harnick:** Doctor, one last question. Have you ever, at any time, disclosed your income to anyone?

**Dr Donahue:** No. I am pretty close-mouthed about that. In fact, my girlfriend is in the audience and even she has never heard it.

**Mr Harnick:** Thank you, doctor.

**The Chair:** Thank you, Mr Harnick. Mrs Cunningham.

**Mrs Cunningham:** Thank you, Mr Chairman. Dr Donahue, you mentioned earlier, as you were describing some of your awareness around issues and health care in Ontario, something that happened with regard to cardiologists in Peterborough. I am just wondering how you first heard about that issue and whether there were any individuals involved. Could you just fill me in on that a little more extensively?

**Dr Donahue:** It was in the paper briefly, and in some of the medical meetings I attended it was discussed by people who actually had direct knowledge about the problem of cardiology in Peterborough.

**Mrs Cunningham:** Were you ever aware of any public accounts of this or newspaper articles or it being discussed at the Legislative Assembly in any way?

**Dr Donahue:** No.

**Mrs Cunningham:** So this one did not make headlines, at least to your knowledge?

**Dr Donahue:** No, not to my knowledge, no.

**Mrs Cunningham:** There was some discussion a couple of summers ago about independent health facilities, and the group of physicians who were discussed at that time with regard to billings were radiologists. Were you aware of any of the discussions—it happened to be the Liberal government's legislation at the time—with regard to independent health facilities and the billings of radiologists at that time?

**Dr Donahue:** No. The idea of independent health facilities had been sort of discussed for a while, and it was a way in which the government wanted to direct certain services to be carried out. These things are reported in the medical press on a regular basis as to what the policy may or may not be, or the ideas. I did not follow it very closely because the idea of an independent health facility did not relate really very directly to me as such.

**Mrs Cunningham:** Are you aware of the discussions at this point in time with regard to the—I do not know the correct terminology, but perhaps the government's intent not to support the in vitro fertilization programs in the province of Ontario? One, I know, is at the University of Western Ontario's University Hospital. I represent London, so I am aware of it. Are you aware of any discussions with physicians in that regard?

**Dr Donahue:** Yes. Actually, that probably, from my recall, was one of the first sort of public discussions about how the billing cap would affect a physician. I am not sure whether we are talking about the same clinic or not, but there is a pretty well known clinic that does this, and the physician has essentially expressed publicly that there is simply no way that he can carry on because his expenses are just enormous.

I am not sure whether he has closed, but I would be pretty surprised if he has not. He, I know, discussed this with the ministry and tried to find some way or some solution, but I think the last I recall of it is that he actually did not. I would hope that under the terms of the new agreement in some way he apparently will be able to carry on, because I hear he has done some amazing work.

1650

**Mrs Cunningham:** The point of my questioning is that, in my position as an elected representative, I depend on the front-line workers to let me know of their concerns. In this regard, I am hopefully on top of the issue, but certainly not in a position to discuss it in any public way. The reason I am raising it is to let you know that in my life down here there have been many individual physicians who have talked to me about their work and their concerns and their billing, and they have also done this publicly. Are you aware of the Premier's conflict-of-interest guidelines for members of cabinet?

**Dr Donahue:** No.

**Mrs Cunningham:** You have never been told anything about them.

**Dr Donahue:** No.

**Mrs Cunningham:** Were you curious as to whether they even had conflict-of-interest guidelines? Would that be something you would wonder about?

**Dr Donahue:** One reads about this in the lay press from time to time, particularly when scandals develop, but beyond that I have no interest in legislation.

**Mrs Cunningham:** I would like to read to you the purpose of the guidelines. I think it would be interesting to you, since you have taken the time to come here, not of your own will I suppose, but certainly to help us out. The purpose is, "To increase public confidence in the integrity



of government, the following guidelines impose upon cabinet ministers and parliamentary assistants more stringent standards of conduct than those imposed by existing conflict-of-interest legislation and policies." There are a number of fundamental principles. I am just going to read two short ones.

"Ministers shall at all times act in a manner that will bear the closest public scrutiny." The second one I would like to read to you is, "Ministers shall perform the duties of office and arrange their affairs in such a manner as to maintain public confidence and trust in the integrity of the government."

These guidelines, at least from our point of view, were part of the reasons for this public hearing. You have already remarked in a positive way, certainly with your attitude towards Ms Martel until these hearings were necessary, and certainly until December 4. Now that you have heard them, I am just wondering if you have any information you would like to share with us with regard to the purpose of these guidelines, or perhaps to all of us as politicians. None of us here is in cabinet, but I consider these my responsibility even though I am not a cabinet minister. I would like you to tell us, as a citizen, how these guidelines should be helpful or otherwise to elected people and whether or not you believe they have been followed in this instance.

**Dr Donahue:** I do not want to be accusatory and I certainly do not want to be judge and jury, because that is not my intention. To a certain extent, this is the responsibility of this committee. As a citizen, and one who has become the subject of unnecessary speculation and slanderous statements, there are some people in society whose standards of behaviour and standards of practice are necessarily higher than other people, and that includes physicians. A physician is liable for many things that the average citizen could essentially get away with.

In our form of parliamentary democracy, what we call a participatory democracy, I think those people who aspire to high office or who are fortunate enough to achieve high office—regrettably, if you will, or not—must necessarily demonstrate to the citizens that their decisions and their behaviour are beyond reproach. If that is not forthcoming, then you create a situation where the citizens have absolutely no faith in the democracy. Expressing democratic principles should be done more often than just once every four years at election time. Citizens must become involved in the stuff of government on a regular, daily basis and they have to feel safe that the kinds of statements they make or actions they may become active in will not necessarily be used against them.

For example, just a few days ago I became involved in a discussion with someone with regard to these overall concepts. This person said: "Last year, whenever it was, I got a census form. I got the long one which requires you to put down enormous amounts of personal information." This person said, "Boy, I sure hope I never get that again, because I am not sure what can happen to it."

I think citizens have to be assured they can carry out their lives in a free, democratic society in the knowledge that the weight of government or bureaucracies will not be turned against them if they should have a dissident view. I

would essentially encourage you to take this mandate very seriously, because while people may want to laugh or to minimize the events as they have in fact transpired, there are events in our lives that require us to assume a far greater responsibility than we may have ever had.

In American folklore, you have an example of this. You have the story of George Washington who, as a boy, said, "Yes, I chopped down the cherry tree." I think the reason for the folklore is the implication that there is honesty, truth and integrity in government, and if that cannot be proved, if the citizens ever believe that is not forthcoming, then we do not have a democracy.

**Mrs Cunningham:** Because you are here today and because the purpose of these hearings is known, that the standing committee on the Legislative Assembly shall meet for the purpose of an inquiry, which members of the public quite readily think may be in fact a waste of time, given the number of dollars we are spending here, I think you should know what the terms of reference are. The first is "an investigation into the disclosure of confidential information emanating from the Ministry of Health, including documentary and viva voce evidence." The second one is an investigation into the conduct "of the Minister of Northern Development and Mines in Thunder Bay, Ontario, on December 5, 1991, and the events leading up to her attendance in Thunder Bay." The third one is "an investigation into the dissemination of information obtained from the Ministry of Health."

I asked you if you wanted to comment, and I do not want to quote you incorrectly, but I think you inferred that you did not want to be part of the judge and jury. Yet you said to us that your life is ruined and that there is no going back and that you feel that citizens such as yourself should feel safe and that statements you make should not be used against you. I am probably giving you the opportunity, and this will be my last question, to tell us how you feel about this inquiry with regard to the opportunity that you have had today in so far as to clarify certain facts is concerned.

Second, perhaps you could also tell us about the spins, as you refer to them, that the journalists had when they called you, because you are talking about public attitudes. Their obvious responsibility is to ask you the kinds of questions people may be wondering about in their own living rooms. Certainly from my personal point of view I would like to think there will be some justice at the end of this inquiry, and since we are looking at the conduct of a minister, I will probably have an opportunity to talk about that at the end of this inquiry. So you have an opportunity here to talk to conduct and you have an opportunity to talk to spins of reporters, where sometimes one is judged by the questions, and you have an opportunity to talk about how safe you feel or would feel in the future.

**Dr Donahue:** I do not quite know what to say. I did not feel safe then, I do not feel safe now and I do not think I will ever feel safe again. I think that more or less sums it up. I just do not feel safe any more. I am not sure whether other citizens in Ontario feel similarly, but I know that some people have expressed that to me, other doctors who have come up to me and—people just do not feel safe. I



think that more or less says it all. I think I have said a lot: I just cannot trust government any more; I just do not feel safe; I never will feel safe again.

**The Chair:** Are there any further questions? We will now move to the members of the government. I would just like to remind all members of the committee that after the complete questioning here, there will be the need for an in camera session. Mr Mills.

**Mr Mills:** Dr Donahue, I want to just go back to December 5. We had a meeting in Sudbury, the ill-fated meeting, where Miss Martel was engaged in some sort of argument with Mrs Dodds.

1700

**The Chair:** Excuse me, it was Thunder Bay.

**Mr Mills:** Thunder Bay. I beg your pardon. We have been up and down so many times, I get confused. Thank you, Mr Chair.

**The Chair:** To help the witness.

**Mr Mills:** From that meeting, Mrs Dodds journeyed to Toronto, I think the next day, on some sort of seminar about freedom of information. Before she went to Toronto, did she call you and tell you what she had heard at the meeting?

**Dr Donahue:** No.

**Mr Mills:** I have heard you say at least two or three times here this afternoon, hey, your life has been destroyed with this thing. Do you not agree and think that by going to Toronto without asking you, Mrs Dodds got on a roll about what happened in Thunder Bay and that she has contributed in fact to the position you find yourself in? Do you not agree with that?

**Dr Donahue:** I could not disagree with what you say. I guess Mrs Dodds called it the way she saw it. I think Mrs Dodds was acting in an ethical fashion. I guess she felt that these were the kinds of behaviours from a minister that were essentially unacceptable. There are, I guess, certain costs that may be engendered. I guess she felt as a citizen that she had to. I guess to a certain extent maybe I was the sacrificial lamb or something like that.

**Mr Mills:** I think it is fair, Dr Donahue, to say that in the circumstances and what she said down there, you would have had to have left the planet not to identify with what went on and you. I am just thinking that if you look at that scenario, it would appear to me, as a decent, upright citizen, that the least I could do would be to call you and say, "Listen, I'm sorry if I've spoken." You are telling me that never ever has she ever taken this issue up with you and apologized for what she said, which has contributed to your situation, or said nothing to you about this?

**Dr Donahue:** Well, Mrs Dodds did call me about a week ago.

**Mr Mills:** She did?

**Dr Donahue:** Yes, she called me about two weeks ago or something like that.

**Mr Mills:** And what was the gist of that conversation?

**Dr Donahue:** We just chatted briefly about the events. I think she more or less intimated that the events as they

occurred were regrettable but that—I think overall she felt it was regrettable that everything that had happened essentially had become public, but I think what she felt was that there were things happening hidden away in the bowels of government and so on, and if left alone actually would tend to suppurate and be a far greater cancer than might have been otherwise.

**Mr Mills:** It is just thinking out loud, doctor, and I am musing here that Mrs Dodds had the opportunity. She found the leader of the third party, Mr Harris, and I believe she had the opportunity for some conversation with Mrs Cunningham about this matter. It just puzzles me that she had all kinds of time to do that but never had time to call you. However, I am going to move on to something else.

We heard this morning from the mother of one of your patients about the letter that came, so I would presume there was considerable concern up in Sudbury, and to put it rather bluntly, there was some panic being created up there through your office and yourself about the lack of doctors such as you that might happen. I think in a documentation here somewhere you said that you had threatened to go to the United States. Is that right?

**Dr Donahue:** No, I really never issued any threats. I explained my situation to people as to what my situation was. No, I am a Canadian first. I came back to Canada after some US training and I certainly would prefer to stay in this country.

**Mr Mills:** I think it fair to say that somewhere in the news media you were quoted as saying that you were going to the United States if this could not be resolved, so that leads me into my next point. I believe the very point in time that you were announcing you were closing your office and that you were through in fact you were opening up a doctor's clinic. Is that right or not?

**Dr Donahue:** I beg your pardon?

**Mr Mills:** The very time when you were announcing that you were through, you were closing your office, in fact you were opening a doctor's clinic in Sudbury. Is that correct or not?

**Dr Donahue:** No. I think there is a bit of a misunderstanding there. I think what you are referring to is a discussion I had had with a journalist with regard to epilation and the fact that epilation was being delisted. What I was explaining to the journalist at the time was that regrettably epilation was being delisted but I would continue to provide this service on a private basis by virtue of having a studio.

**Mr Mills:** I see. I have the Yellow Pages here where it says "The Doctor's Studio, Dr J.P. Donahue, Dermatologist, Certified Electrolysis." That is the—

**Dr Donahue:** That is the studio in question.

**Mr Mills:** That is the studio that you are talking about, so in fact you remained in business in Sudbury. I have heard counsel for the committee say that on January 13 you reopened your clinic as it was with all the people again. Is that right?

**Dr Donahue:** Let me just—so there is no misunderstanding. I closed my office completely, so the studio you are referring to was not operational. It just did not exist.



Everything was shut down. I did not have any private business. Everything was closed. Subsequently when the minister announced that a resolution would in fact be forthcoming, it was in fact being negotiated between the Ontario Medical Association and the ministry, I mean, on this basis I reopened the office. When I reopened the office, because epilation was still of course delisted—there was never any suggestion it would ever be relisted—then the studio came into existence. But the studio as such, the one you refer to, was not operated or open during the period of November 29 to January 13 when in fact I reopened my medical office.

**Mr Mills:** I see. Some of my colleagues want to follow up so I am just going to ask you a last, very basic question that concerns me, that you have said many times you are destroyed. I am going to go back to December 9 in the Legislature here when Mr Harris rose and read a letter from Mrs Dodds relating to the comments made on December 5 by Miss Martel and made some statements which allowed, in my opinion, you to be readily identified.

My question, sir, is this: Did Mr Harris contact you in advance of making that announcement in the House, seek your approval, and through the process the public of Ontario, that these disparaging comments have been made about you at a reception in Thunder Bay? What I am saying to you is, did the leader of the third party, before he got up in the House and made all these statements about the letter from Mrs Dodds, call you?

**Dr Donahue:** No. I have never spoken to Mr Harris.

**Mr Mills:** So really, when we are looking at your situation when you are saying that you are destroyed all over the place, there are several factors in here that I think contributed to that, and really that statement, to me, is raised in haste and no one even asked you if it is all right to do it. Is that true, no one asked you, they just did it?

Interjections.

**Dr Donahue:** Well, certainly—

**The Chair:** Order, please. I am not hearing from the question that you are suggesting any name was mentioned in the Legislature, but I do wish to remind all members of the committee that when a member is asking a question, he should be allowed to pose that question and give the witness the opportunity to respond free from any interjection. Mr Mills.

**Mr Mills:** Thank you. That is my question, Dr Donahue.

**Dr Donahue:** As far as the two people you had mentioned, no, neither one of them ever asked my permission to proceed or discuss or whatever.

**Mr Mills:** Thank you very much, doctor. Thank you, Mr Chair. My colleague Mr Kormos has something to say.

1710

**Mr Kormos:** Please, Chair, help me with exhibit numbers, because I want to talk to the doctor about the Kevin Donovan article in the Toronto Star of January 26, 1992. If somebody could tell the doctor what exhibit number that is, he can take a look at it.

**The Chair:** That is exhibit number 21.

**Mr Kormos:** You have seen and read this at least once, because it is a fascinating collection of journalistic effort. You are quoted under "Heated Discussion"—

**Dr Donahue:** Where would that be?

**Mr Kormos:** —under the subtitle "Heated Discussion" as saying: "Confidential information is used in the political process on a daily basis. If you can get something on your opponent, then you use it." I trust that is an accurate quote.

**Dr Donahue:** Yes, it is.

**Mr Kormos:** Prior to that you said legal reasons prevent you from discussing certain details of the case. Is that accurate as well?

**Dr Donahue:** Yes, it is.

**Mr Kormos:** You go on to say that you are not surprised that sensitive information was both released and used. Is that correct?

**Dr Donahue:** Yes.

**Mr Kormos:** So Donovan correctly reports that. I trust Donovan spent a considerable amount of time with you.

**Dr Donahue:** No. Actually, I have never met him.

**Mr Kormos:** Well, you had a conversation with him, huh?

**Dr Donahue:** It was a brief conversation.

**Mr Kormos:** He is preparing material. He identifies himself as a Toronto Star reporter. Is that correct?

**Dr Donahue:** Yes, that is right.

**Mr Kormos:** And you knew he was in the course of collecting information to write an article or articles or a column or something to that effect, did you?

**Dr Donahue:** Yes, I got that impression.

**Mr Kormos:** When you read it, were you surprised to see Donovan refer to billing approximately \$1.25 million a year?

**Dr Donahue:** When Mr Donovan called me he wanted to discuss the issue, and I told him that frankly I had no interest in discussing with him, or never had any interest in discussing with anyone, anything personal or confidential about myself. So it was just totally out of the matter and to just forget about it. He asked me if I would discuss the issue in generalities and I said, "Well, ask me a few questions, but frankly, I have no interest in discussing anything with you."

So the three comments you made are probably more or less the substance of my telephone conversation with him. The point you are asking me is—yes, when this story came out I was shocked. I was so shocked that I just sort of skimmed it and I put it away for two weeks. I did not want to read it. I just did not want to read it.

**Mr Kormos:** Were you shocked by the apparent access to information that Mr Donovan from the Toronto Star had had?

**The Chair:** Mr Kormos, if I can just remind you that matters of a private and confidential nature are areas that can be addressed on an in camera basis, and that certainly would surround the issue of billings and the like.



**Mr Christopherson:** Mr Chair, Mr Kormos asked for the information. I think he was asking, was he surprised that the information was there?

**Mr Harnick:** The question is the source of the information.

**The Chair:** Order, please.

**Mr Harnick:** That is what the question is.

**The Chair:** Excuse me, Mr Harnick. Thank you very much. The question calls for a comment on the accuracy of the information. That I believe is one which would fall within the area of private and confidential and is certainly an area that is open for questioning on an in camera basis.

Interjection.

**The Chair:** Would members of the third party please come to order. I think Mr Kormos is well aware that this is certainly an area that may be addressed, if he so desires, on an in camera basis, but certainly questions calling upon the accuracy of information which is of a private and confidential nature are ones that should not be brought forward in public.

**Mr Kormos:** I regret hitting a nerve, Mr Chair.

Let's move right on to the part of that article that deals with Keith Harfield. Donovan describes him as having been contacted by you, Donahue, to assist you in your battle with the government. Were you surprised to read that?

**Dr Donahue:** Where is this in the article?

**Mr Kormos:** Well, it is in the final column, actually the fifth or sixth to last paragraph:

"In another instance, management consultant Keith Harfield, who had been contacted by Donahue to assist him in his battle with the government, telephoned a person he will only describe as a 'health official.'"

**Dr Donahue:** I am sorry for being at a loss here, but exactly—oh, all right. Last column, middle, is that right? Okay, I have it. What was your question?

**Mr Kormos:** You read that, and when you read that the first time—unless you are reading it for the first time now.

**Dr Donahue:** In fact, I am. As I say, this is not an article—I mean, this kind of—there are a lot of things I would just not even bother reading. Mm-hmm. Yes, so I have read it.

**Mr Kormos:** Is that accurate?

**Dr Donahue:** No, it is inaccurate.

**Mr Kormos:** And if Donovan had determined that by talking with Keith Harfield, I trust then you would dispute very much what Keith Harfield would have to say about his relationship, that is, Harfield's relationship, with you?

**Dr Donahue:** Well, I am not sure what you are going to say, so I cannot dispute what you are going to say ahead of time.

**Mr Kormos:** Quite right. If Harfield told Donovan that you had retained Harfield to work for you in the course of your work with the ministry, would that be accurate?

**Dr Donahue:** No.

**Mr Kormos:** Would that be close to accurate?

**Dr Donahue:** No, it would be completely inaccurate.

**Mr Kormos:** If you had been confronted by Donovan during the course of this interview with that proposition, would you have been in a position to correct him?

**Dr Donahue:** Indeed.

**Mr Kormos:** And what would you have said to his proposition as it is recorded here?

**Dr Donahue:** That it is inaccurate.

**Mr Kormos:** And your only contact with Harfield was, what, when he approached you?

**Dr Donahue:** I have had two conversations with Mr Harfield. The first conversation was when he approached me on November 29, or whenever the small businessmen's club met.

**Mr Kormos:** Yes?

**Dr Donahue:** The next conversation I had with him was when I phoned him in his office or home in Manitoulin Island, and this is in around—I think this is after the minister made her comments and everything was just going crazy in the media. I phoned him and I said, "You have talked to me about some confidential information that you had." I said, "Where did you get this?" And he was not really keen on discussing it with me. I said, "Well, you've got to do something." I said: "There's something wicked that's been going on. Where? I mean, who?" You know, I said: "You've got information that's important. Who talked to you? Who did you talk to?" And he was, as I say, quite reluctant. So I discussed the concept, much as we discussed here, of government and the responsibilities of citizens to be forthcoming in important events and not to shy away.

Mr Harfield, I took it from my conversation with him, is a thinking man, and he reflected on my words and thought that perhaps he should be forthcoming, but he was actually very concerned about the manner and mechanism by which this information would—or could, or who he could in fact talk to. So we—I forget exactly how it came about, but I think I asked him if he would be willing to talk to someone, because clearly this information had to be brought out, because it was being discussed in the House or something along that line.

And it is on this basis that Ian Scott actually ultimately got in touch with him, and in fact, if my memory serves me right, Mr Scott spoke to him to discuss the issue in the House, brought up his name in the House. In fact, if I remember the circumstances—I guess you will have to ask Mr Scott about this, but apparently Keith Harfield had some concerns about giving this information to just anyone, but Mr Scott said in the House that Keith Harfield would be willing to give it to the Premier, Mr Bob Rae.

**Mr Kormos:** Harfield would not give you the information as to how he obtained your earnings?

**Dr Donahue:** To me?

**Mr Kormos:** Yes.

**Dr Donahue:** Oh, no. No.

**Mr Kormos:** And did you ask him to contact Ian Scott? How did that come about?

**Dr Donahue:** I am not sure. I think we decided that he obviously should discuss it with someone. So whether he



called Scott or Scott called him, I am not entirely certain. I am of the impression that Mr Scott called him.

**Mr Kormos:** Did you make any contacts after your conversation with Mr Harfield, where, at Manitoulin?

**Dr Donahue:** Manitoulin Island.

**Mr Kormos:** What contacts, if any, did you make after that?

**Dr Donahue:** With Mr Harfield?

**Mr Kormos:** With anybody. With anybody about your contact with Harfield and his access to information.

**Dr Donahue:** Well, I think the only contact I made was in some way to get in touch with Mr Scott's office and then that was it.

**Mr Kormos:** Okay, but did you call Mr Scott's office so as to give Mr Harfield's name and his phone number to Mr Scott, asking Mr Scott to phone Harfield?

**Dr Donahue:** Yes, I think so.

**Mr Kormos:** So to the best of your knowledge, you did not rely on—or not to the best of your knowledge; you did not rely on Harfield to contact Scott? You initiated the contact with Scott?

**Dr Donahue:** Yes, I think I did.

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**Mr Kormos:** You told Harfield you were going to be doing that?

**Dr Donahue:** Yes.

**Mr Kormos:** That was as the result of an agreement with Harfield about who you would call with this information about Harfield having access?

**Dr Donahue:** Yes, pretty well. In my conversation with Mr Harfield, as I say, initially he had real concerns, the same situation. He said he is a business consultant in town, he relies on contracts, government contracts. He is in the same kind of situation many citizens find themselves in: They do not want to get involved because they have got families, they have got businesses and they have got jobs. They just do not want to be involved. This is what Mr Harfield said, and I think most citizens feel the same way. I just said: "Listen, you have got some information that somebody has got to know. It has got to be brought forward."

**Mr Kormos:** Did Harfield give you any indication why he, Harfield, would use a contact to get this information about you, you not having retained him, you not having consulted him?

**Dr Donahue:** I never asked him.

**Mr Kormos:** Did that not concern you a little bit?

**Dr Donahue:** No, because when I met Mr Harfield at the small businessmen's club and he came to me afterwards, he said he was a business consultant in town and he did a lot of studies and so on. I got the impression—in fact, I do not know even if I am right or wrong now—that in some fashion he was tied in with the district health council. Maybe I am wrong or something like that, but I got the overall impression that as a business consultant he did sort of medical consulting or something like that, but I

am not sure. I got that overall impression, so I presumed that that was probably why.

**Mr Kormos:** During that conversation did he try to persuade you to retain him so that he could use more of these contacts to get more information?

**Dr Donahue:** No, indeed not. No, not at all.

**Mr Kormos:** I guess I could see somebody trying to impress you with the fact that they have got connections: He is coming out of the blue, he knows you are involved in the Sudbury medical association and dealing with the Ministry of Health on the issue of capping or threshold. So the impression I first got was that he was somebody who would come to you and try to market himself by virtue of saying, "Look at the sort of stuff I can get out of MOH." That was my first impression. You are saying no, that was not the impression you got at all?

**Dr Donahue:** No indeed. Frankly, I think your interpretation sounds a little, I do not know, a little off.

**Mr Kormos:** Well, it is not the first time. So that is not the impression you got at all?

**Dr Donahue:** No. Actually I am surprised, I am shocked; I never got that impression.

**Mr Kormos:** You had never met this guy before; you never knew him. Is that right? Am I correct in that regard?

**Dr Donahue:** No, I had never met him, and his name certainly was not familiar to me.

**Mr Kormos:** He comes out of the blue at a small business meeting and introduces himself and says, "Hi, I'm Mr Harfield." Is that what he did?

**Dr Donahue:** Yes, that is quite true. After I had made my presentation, a number of other business people had come up and introduced themselves to me and explained or asked me questions with regard to the impact of the memorandum of agreement or billing cap on the business community. He was just one other, that is all.

**Mr Kormos:** He gave you his card. I trust he did that.

**Dr Donahue:** I do not think he gave me a business card. Well, I guess he did; yes, a little something with his name on it.

**Mr Kormos:** Because you knew how to get hold of him in Manitoulin?

**Dr Donahue:** Yes, that is right.

**Mr Kormos:** You relied on that card to get hold of him in Manitoulin?

**Dr Donahue:** Actually that is not too difficult because he has an office in Sudbury.

**Mr Kormos:** Okay, but how did you get hold of him in Manitoulin?

**Dr Donahue:** I called his office.

**Mr Kormos:** Yes, and asked to speak to him?

**Dr Donahue:** Yes.

**Mr Kormos:** They told you: "He is not here. He is in Manitoulin right now. Here is the number. Call him there."

**Dr Donahue:** Yes.

**Mr Kormos:** When Harfield is talking to you he is telling you, "Look, I know how much you bill, and not



only do I know, but I am going to tell you how much you bill." And he did.

**Dr Donahue:** Maybe not in that fashion. As I say, we were talking about the billing cap and so on, and I think Mr Harfield struck me as a reasonable businessman. I got the impression he was expressing a certain concern. He was saying, "Well, this is the kind of information that other people can get." I think that is what he was telling me.

**Mr Kormos:** How did he leave you with that impression?

**Dr Donahue:** Because he was able to get it so easily. If he were able to get it, why should not someone else?

**Mr Kormos:** But he does not know you. How did he leave you with the impression that he was trying to tip you off to the amount of information that can be out there? How did you get the impression—is that what you are telling me: He was trying to tip you off?

**Dr Donahue:** I got that impression. I think it is a fairly common experience. Someone comes up and says: "Hey, by the way, people are saying things about you. They say you're beating your wife." In common conversation people come up to you and say, "Hey, by the way."

**Mr Kormos:** Okay, but he told you how much you had billed last year?

**Dr Donahue:** He told me what my OHIP billings were, yes.

**Mr Kormos:** And you were not quite sure to the point where you called your accountant to check the figure out, to check the numbers out?

**Dr Donahue:** The figures sounded so precise that I accepted them as probably being accurate right then and there. But to be sure, someone gives you a very precise number and so you check. Someone says, "Well, you weigh 147 pounds and a half," and you say, "Well, I wonder if they're right," and you go and stand on a scale, because most of us do not know our weight that well. I do not know my billings that clearly, so I had to go and check. I got the impression from my conversation with him that he knew precisely because someone had given him some very precise information. It was so precise that I wanted to check just how accurate it was.

**Mr Kormos:** This was a shocking bit of information reaching you, was it not?

**Dr Donahue:** That someone had access to that kind of information, yes.

**Mr Kormos:** That someone you had never retained or consulted, someone you had never met before, would not only have this information but would have gone out of his way—perhaps only a little bit, but certainly out of the way to have gotten it. Did that not intrigue you?

**Dr Donahue:** It shocked me. As I say, it would shock anybody here. It is not an ordinary experience.

**Mr Kormos:** I trust then you carried on with Mr Harfield and said: "Hey, what gives here? What's going on? How come you went to whatever lengths you did to get my billing information?"

**Dr Donahue:** I did not ask him why he went through the effort. The conversation just carried on, if I remember correctly, with regard to maybe other information he had with me with regard to the percentage, which may have been epilation. But to be honest with you, the conversation was, from my point of view, getting very, very uncomfortable, and I just did not want any part of it. You have to understand that my conversation with Mr Harfield was at the end of November, and by that time I had already received the letter from Mr Decter, and you understand how I felt about it, so I just wanted to get the hell out of there. Pardon my language, but it just upset me. There were other people there. I just said, "Thanks," and just did not want to carry on.

**Mr Kormos:** You did not want to know any more about it?

**Dr Donahue:** No, any more than I want to know any more about this. To be honest with you, I am tired, I am stressed out, I have been humiliated and embarrassed publicly. It was too much for me. I just did not want any more.

**Mr Kormos:** But some two weeks later, after having reflected on the matter, you decided to call this gentleman?

**Dr Donahue:** Yes.

**Mr Kormos:** And it was at that point, I trust, that you made the further inquiries, having calmed after the shock of confrontation at the small business meeting? I trust it was at that point you had a more protracted conversation with Mr Harfield.

**Dr Donahue:** Yes, that is right.

**Mr Kormos:** And you asked him why he got your billing information?

**Dr Donahue:** No, I did not. I did not ask him why.

**Mr Kormos:** You asked him how many other doctors' billing information he had obtained?

**Dr Donahue:** No.

**Mr Kormos:** You asked him who else he had told the billing information to?

**Dr Donahue:** No, I did not.

**Mr Kormos:** Did you ask him then why he confronted you with this information the two weeks prior?

**Dr Donahue:** No, I did not. As I say, during my brief conversation with him on what I presume to be November 29, I just got the impression that he was somehow involved with the district health council and they had been looking into the issue, and because of whatever contacts he had he was sort of looking into it. I just left it at that. I was just really tired of the issue at that time; I just did not want to ask any questions. He had said he had information on me, he gave me some figures that sounded really reliable, so all I said to him was: "Now listen. Don't talk to me. I don't want to hear this stuff. You've got to talk to someone who essentially can make sense of it. I don't want to hear all this nonsense. I just don't want to hear the details. I just don't need any more of this. Just talk to someone who's got some smarts about him."



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**Mr Kormos:** The one single thing that threw you back was the accuracy of the billing figure that he was able to relate to you.

**Dr Donahue:** Yes, that and my impression that he could fractionate my business.

**Mr Kormos:** What do you mean? Determine what percentages of your billings or what types of treatments?

**Dr Donahue:** Yes. We did not get into it. As I say, it is just a recall, and my recall in this is admittedly vague. It is probably deliberate; I just want to forget about it. But I get the impression that he had mentioned an epilation figure or something like that. As I say, it is just an impression, so at that point I just wanted to terminate my conversation with him, because it is not the kind of conversation I have ever engaged in with anyone. This was essentially a stranger who had come up to me and given me these figures. Honestly, I just wanted to turn tail and get the heck out of there. I just wanted to get out.

**Mr Kormos:** If he had merely a rough idea of what your gross billings were, that would not have shocked you the way his very precise idea did.

**Dr Donahue:** I think even that would surprise me. It is not the kind of thing that people approach you with. Strangers do not walk up to you on the street and say, "Hey, you paid \$250,000 for your house." They just do not have that, and even if they do, they do not tend to give it to you right off the bat. To be honest with you, most people I know mind their own business. Even if they have confidential information about you, they keep it to themselves. They just button up.

**Mr Kormos:** But a whole lot of what you had been doing in Sudbury with respect to the issue of threshold and seeking exemptions had to do with arguing how unrealistic \$400,000 was for you and perhaps other northern doctors.

**Dr Donahue:** True.

**Mr Kormos:** It entailed, among other things, your telling publicly what your approximate billings were and should be for you to maintain viability.

**Dr Donahue:** I beg your pardon?

**Mr Kormos:** Help me again, Chair: the November 29, 1991, Denis St Pierre article in the Sudbury Star. Do we have that as an exhibit yet?

**The Chair:** Yes, we do. It is part of exhibit 94. Which article?

**Mr Kormos:** "Patient Fears Loss of Doctor," Denis St Pierre of the Sudbury Star.

**Ms Jackson:** Page 15.

**Mr Kormos:** Take a look at that, please, Dr Donahue.

**Dr Donahue:** What is the reference here?

**Mr Kormos:** Page 15.

**The Chair:** The media excerpts.

**Dr Donahue:** Oh, it is the media. Would you give me the page number again?

**The Chair:** Page 15.

**Mr Kormos:** That is the Sudbury Star, Denis St Pierre, in the final column, second- or third-to-last paragraph. I trust you were interviewed by Denis St Pierre for this article.

**Dr Donahue:** I presume so, sure.

**Mr Kormos:** It says: "To maintain a viable practice, Donahue estimated he would need a billing allowance equal to two or two and a half times the \$400,000 cap, or \$800,000 to \$1 million. He said he has between 10,000 to 15,000 new referrals a year, not counting repeat visits by existing patients."

**Dr Donahue:** Is that page 15?

**Ms Jackson:** There are two parts to the Denis St Pierre article, and the part that I think Mr Kormos is reading from is on page 18.

**Mr Kormos:** "Patient Fears Loss of Doctor" and "Specialist Knew Trouble Was Coming."

**Dr Donahue:** Okay.

**Mr Kormos:** Final column, right-hand side. "To maintain a viable practice, Donahue estimated he would need a billing allowance equal to two or two and a half times the \$400,000 cap, or \$800,000 to \$1 million." Denis St Pierre says you told him that.

**Dr Donahue:** I do not have specific recall on all the comments I may or may not have made, but generally speaking the comments I made were illustrative, and in many instances these journalists were coming to me with hypotheses they wanted to test out on me. As I understand, this is a fairly classic approach from journalists, so in all likelihood, he asked me, "Is it reasonable?" and I probably said yes.

**Mr Kormos:** Okay, so his suggestion in the article that you estimated that you would need two to two and half times is not accurate.

**Dr Donahue:** I guess it depends exactly how you read it, word for word, but I certainly do not recall providing him with these kinds of things. I may have agreed to them but, as I say, exactly whose idea it was to begin with I think is questionable.

**Mr Kormos:** Okay, because now I am looking at the December 1, 1991, Northern Life article, "Ministry Challenges Doctors to Open Books to Public," Jim Brown.

**Ms Jackson:** Page 20.

**Dr Donahue:** Page 20? Oh, yes, mm-hmm.

**Mr Kormos:** Now, in the final column there, or the last two columns really, underneath the photo, "Dr Jean-Pierre Donahue says he would be better off owning a Mac's Milk store than operating his practice," the second-to-last column, the final short column under the photo, the last two paragraphs: "Donahue, who bills OHIP as much as \$1 million a year, is one of 700 doctors in Ontario who bill \$400,000 or more annually. More than half of his revenue goes to operating expenses, he said." Now, did Mr Brown interview you for this article?

**Dr Donahue:** Yes, he did.

**Mr Kormos:** I mean, the lead paragraph is the quote that you would be better off owning a Mac's Milk store than running a dermatology practice, huh?



**Dr Donahue:** That is right.

**Mr Kormos:** And he did not run the figure of \$1 million past you during the course of that interview?

**Dr Donahue:** He may have.

**Mr Kormos:** To give you an opportunity to confirm or deny it?

**Dr Donahue:** He may have, sure.

**Mr Kormos:** And you confirmed it, did you not?

**Dr Donahue:** I doubt that I was particularly forthcoming in these kinds of things. I probably would have shrugged and said—

**Mr Kormos:** Well, you were pretty specific when you carried on, because let's look at the final column there, midway down the page, paragraph, "Donahue said he sees up to 12,000 patients a year, 50,000 over the four years he has been in Sudbury." You told Mr Brown from Northern Life that, did you not?

**Dr Donahue:** Yes, I did.

**Mr Kormos:** It goes on, "Donahue said he buys \$8,000 worth of disposables a month, including rubber gloves and gauze." Well, that was not something that Mr Brown simply threw out at you and you sort of shrugged, letting him conclude for himself whether or not that was the case. You told him how much you spent a month in disposable gloves and disposables.

**Dr Donahue:** It was an approximation, sure.

**Mr Kormos:** And you told him that you write \$1.5-million worth of prescriptions a year.

**Dr Donahue:** Yes.

**Mr Kormos:** And you told him that more than 30% of your case load involves patients with some form of skin cancer.

**Dr Donahue:** Yes, that is right.

**Mr Kormos:** I mean, you were pretty forthcoming with Mr Brown in that interview about your practice and the number of patients that you see and the types of treatments that you participate in, were you not?

**Dr Donahue:** I had no—I have no—I had no problem, then, discussing generalities about my practice but, I mean, I had never had any real interest in discussing my income. I mean, if people want to guess what my income is, well, they are certainly free to do that. But, as I say, in these interviews, the idea is, "What do you do?" you know, "What is your practice?" So in an attempt to provide people with examples; I mean, these are the figures that are utilized. They are for examples only, I mean. You know, if someone asked me, "Is that the exact number?" I would say, "Well, no, it's not the exact number," but these are honest sort of guesstimates at the time.

**Mr Kormos:** You also at several times made it clear that you had exceeded your cap or threshold, had you not? And we are talking about the latter part of 1991.

**Dr Donahue:** Yes, that is right.

**Mr Kormos:** And now the threshold is \$400,000?

**Dr Donahue:** That is right.

**Mr Kormos:** Then it is incremental after that. There is a formula for the next stage and then the next stage, huh?

**Dr Donahue:** That is right.

**Mr Kormos:** And you were off the UAP when?

**Dr Donahue:** I beg your pardon?

**Mr Kormos:** You were off the UAP.

**Dr Donahue:** Ultimately it was decided that my UAP contract terminated as of August 31, but there was actually quite a bit of confusion about that. I mean, I was under the impression that I was off the UAP as of June. The Ministry of Health, in the person of Dr MacMillan, thought it was July—or thought it was August. The contract said it was July and ultimately when we read it quite carefully we concluded that the contract had been mistyped or something like that and the true date was really August. So there was quite a bit of confusion about that.

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**Mr Kormos:** So in your mind it might have been what, June? In your mind it might have at one point been June that you were off it?

**Dr Donahue:** I beg your pardon? What was this?

**Mr Kormos:** The UAP. It might have been June that you were off the UAP?

**Dr Donahue:** It was my impression, yes.

**Mr Kormos:** Because even if it were June, in the Globe and Mail of November 19, 1991—

**The Chair:** Order, please. Mr Kormos, we have five minutes.

**Mr Kormos:** The Globe and Mail of November 19, 1991, "Doctors Say Fee Limit Will Threaten Services," Rod Mickleburgh, health policy reporter, Globe and Mail. Have we got a reference to that?

**Ms Jackson:** Page 14.

**Mr Kormos:** The same bundle, as I understand it, doctor. In the second column, "Dr Donahue said he can no longer afford to pay his 14-member staff out of his reduced OHIP earnings, having passed the \$450,000 limit several months ago." Now, if you had reached the limit several months prior—not a couple but several—and even if you left the UAP in June, the cap only applying to post-UAP earnings, it would not be very hard to extrapolate a gross annual figure out of your statement that you had passed \$450,000.

**Mr Harnick:** On a point of order, Mr Chairman: The evidence was quite clear, as lead by our counsel and in questions I asked, that the doctor admitted he was mistaken about that. Surely if you are going to ask these questions, you will accept the admission that he was mistaken. And it follows from that that all the calculations you and the Globe and Mail and Ms Murdock have made are wrong. But at least if you are going to quote the evidence to him, at least quote what he said when he was examined by counsel. Do not leave a blank in the evidence and forget what the response was when counsel went over this much more carefully than you are going over it, Mr Kormos.

**The Chair:** Mr Harnick, that is not a point.

**Mr Harnick:** It is a point, Mr Chairman, and—

**The Chair:** Mr Harnick, with respect, members will attempt to place the questions in the best way which they feel is necessary, being fair to the witness. Thank you very much for your opinion. Mr Kormos.

**Mr Kormos:** You understand what I am saying, doctor. Even if you believed, as you concede you may have mistakenly believed, that you were off the UAP in June, in mid-November you are telling the Globe and Mail—or perhaps earlier, because the story is published in mid-November—that several months prior to mid-November you had exceeded the \$450,000. That clearly would have put you in a position where you had grossed \$450,000 in the few months succeeding even June, would it not?

**Dr Donahue:** I guess if you are an enterprising mathematician and you want to make assumptions based on some of these statements, I guess you can reach conclusions, but whether your conclusions are accurate or not actually is based on your source.

**Mr Kormos:** In this case the source is you, sir, speaking to Rod Mickleburgh from the Globe and Mail.

Let's talk for a minute about your telephone call regarding the so-called consultant who told you what your earnings were. You called him on Manitoulin Island and then you and he agreed that Ian Scott would be contacted. Is that a fair synopsis of what happened there?

**Dr Donahue:** I am not sure whether we agreed necessarily that it would be Ian Scott, but I think the agreement was that he would be willing to talk to someone who had a dispassionate ability to look into the issue. As I say, I had wanted nothing to do with the issue. I just said: "You essentially need someone who is an attorney or someone in the Legislature. You've got to be forthcoming with this. As I say, you've got some information and it sounds important and you apparently have some access or source. Why don't you tell someone about this?"

**Mr Kormos:** What is interesting is that Mr Harfield, who shocks you, you sent him to Ian Scott. Now, the letter from the Ministry of Health that asks for your permission to discuss your numbers publicly, that shocked you. You took that to your attorney. Ms Majkot, when she came to your office with her child and shocked you with what she says she was told by Miss Martel's constituency office, heard you refer to who? Dr or Mr de Blacam?

**Dr Donahue:** Dr de Blacam. He is president of the Sudbury and District Medical Society.

**Mr Kormos:** Why would you have made those references to those three different people in those three different instances?

**Dr Donahue:** It just seemed reasonable under the circumstances.

**Mr Kormos:** Now, you told us that Ms Majkot was identified to you by one of your staff as somebody who wanted to tell you something about the Martel affair.

**Dr Donahue:** By my receptionist, yes.

**Mr Kormos:** Yes. And you did not want to hear nothing about what she had to say.

**Dr Donahue:** No. I did not and I do not. It is something I would much rather forget about.

**Mr Kormos:** Well, you are involved in preparation for civil litigation against Ms Martel, are you not?

**Dr Donahue:** I do not think I have ever—

**The Chair:** I would just inform the witness that with respect to that particular question, you are not compelled to respond to that.

**Mr Kormos:** Thank you. Because Ms Majkot said that you said—

**The Chair:** Mr Kormos, there is one minute remaining.

**Mr Kormos:** Ms Majkot said that you said to her, unless she was willing to repeat it, there was nothing much that could be done about it, and I suggest to you that that was very much in the course of preparing a witness list for a tort action, a slander action against Ms Martel, which is really one of the goals here, is it not?

Interjections.

**Mrs Cunningham:** And you guys talk about our questions in the House?

**The Chair:** Mr Kormos, if you have a question to ask of the witness which is pertinent to the terms of reference, I would ask you to do that, but the time has expired, Mr Kormos.

**Mr Kormos:** Thank you for assuming the balance of it, Chair.

**The Chair:** I do not think I did, Mr Kormos. I would like to thank you. We will now be moving into an in camera session at which time we will be having a subcommittee meeting, and I would just give us a recess of five minutes so we can get our transcriber in order.

The committee continued in closed session at 1747.



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M-37 1991/92

M-37 1991/92

ISSN 1180-436X

## Legislative Assembly of Ontario

First Intersession, 35th Parliament

## Assemblée législative de l'Ontario

Première intersession, 35<sup>e</sup> législature

## Official Report of Debates (Hansard)

Tuesday 10 March 1992

## Journal des débats (Hansard)

Le mardi 10 mars 1992

### Standing committee on the Legislative Assembly

Inquiry re  
Ministry of Health  
information

### Comité permanent de l'Assemblée législative

Enquête concernant  
certains renseignements  
du ministère de la Santé

Chair: Steven Offer  
Clerk: Douglas Arnott

Président : Steven Offer  
Greffier : Douglas Arnott

Published by the Legislative Assembly of Ontario  
Editor of Debates: Don Cameron



Publié par l'Assemblée législative de l'Ontario  
Éditeur des débats : Don Cameron

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# LEGISLATIVE ASSEMBLY OF ONTARIO

## STANDING COMMITTEE ON THE LEGISLATIVE ASSEMBLY

Tuesday 10 March 1992

The committee met at 1005 in room 151.

### INQUIRY RE MINISTRY OF HEALTH INFORMATION

**The Chair:** Good morning. I will call the morning session of the Legislative Assembly committee to order.

Members will be aware that on the agenda this morning our first witness is Mr Harfield. I have been advised that Mr Harfield has taken ill. He is in the emergency ward of a hospital and, as such, our first witness today will be the minister. In keeping with giving some fair notice, we will be recessing this committee meeting until 11 o'clock, at which time the minister will be the first witness called. We will recess for one hour.

The committee recessed at 1006.

1104

**The Chair:** I call the standing committee on the Legislative Assembly to order. As a preliminary matter, I would like those in the media to first recognize that any flash photography, as indicated on the side notice, throws off the lighting for those who are watching through the cable television. Also, we ask those with cameras to move behind committee members so that it will be less distracting to members of the committee and to our witness and counsel.

### HONOURABLE SHELLEY MARTEL

**The Chair:** I would like to welcome the Minister of Northern Development and Mines, with counsel, this morning. Madam Minister, it has been the practice of this committee that before any questioning by our counsel and rotation, an oath is administered. I would like to invite the clerk of the committee to administer that oath at this time.

Shelley Martel, sworn.

**The Chair:** Thank you very much. Minister, if you could, for Hansard's purposes, introduce counsel.

**Hon Miss Martel:** My counsel is Marlys Edwardh.

**Ms Edwardh:** Good morning, Mr Chairman.

**The Chair:** Good morning, Ms Edwardh. Prior to inviting our counsel, Patricia Jackson, to commence questioning, I would like to inform you, and it has been done to all witnesses before this committee, that in the event you are asked a question you cannot properly answer without divulging confidential information, could you or your counsel please advise this committee. If there is not a way to disclose this information without divulging confidential information, then the matter may be addressed in an in camera session.

Having said that, I invite our counsel, Patricia Jackson, to commence questioning.

**Ms Jackson:** Ms Martel, I understand that you have been the Minister of Northern Development since October 1, 1990.

**Hon Miss Martel:** That is correct.

**Ms Jackson:** And that in July 1991 you had added to your portfolio the Ministry of Mines.

**Hon Miss Martel:** That is correct as well.

**Ms Jackson:** And that from October 1, 1990, until you had that additional portfolio added to your responsibilities, you were also the government House leader.

**Hon Miss Martel:** I was.

**Ms Jackson:** You were first elected, I think, to the Legislature in 1987.

**Hon Miss Martel:** That is correct.

**Ms Jackson:** And before election you worked briefly with the Workers' Compensation Board in Sudbury.

**Hon Miss Martel:** Yes.

**Ms Jackson:** And before that you were involved, first of all, from 1983 to 1985, in obtaining your BA in international politics at the University of Toronto.

**Hon Miss Martel:** Yes.

**Ms Jackson:** And following that spent a year at the Université de Paris-Sorbonne doing a course in French language for foreign students.

**Hon Miss Martel:** Yes. That is probably the briefest chronology you have had of anyone.

**Ms Jackson:** Madam Minister, you began first to know of the threshold agreement that has been the subject of so much discussion in these proceedings between the Ontario Medical Association and the Ontario government in what context?

**Hon Miss Martel:** I was a member of, and continue to be a member of, the policy and priorities board of cabinet, and the agreement came into that particular group many times during the course of the negotiations between the OMA and between the government. So I was part and parcel to the decisions which were being made with respect to the government position on this matter.

**Ms Jackson:** And as a result of that, acquired a rather general working knowledge of the nature of the agreement, did you?

**Hon Miss Martel:** Yes, I would think so.

**Ms Jackson:** Did you become familiar with its specifics and in particular how the threshold was to operate?

**Hon Miss Martel:** Yes, I did, although I should say to the committee as well that it was not until I was first approached by one of the physicians who would be affected by it that I looked in greater detail and reviewed the information and the agreement that we had signed with the OMA. So I want to make it clear to people that I had a general working knowledge of it but it was not until I was approached by people in Sudbury that I took a look at it again and got much more in depth with it.

**Ms Jackson:** All right. And the approach that you had from a doctor was from whom?

**Hon Miss Martel:** Dr Abdulla. He is the head of the cardiology unit at Memorial Hospital in Sudbury.

**Ms Jackson:** Do you recall when that approach first took place?

**Hon Miss Martel:** Yes. Dr Abdulla, for many weeks after the agreement was signed, went through it on his own and reviewed the information and he came to the conclusion that not only himself but the other four cardiologists at Memorial Hospital, plus the cardiac surgeons at the hospital, would probably all be over the threshold by the end of the fiscal year. And so on behalf of the four other cardiologists and himself, he prepared a brief which he forwarded to the Ministry of Health at the end of June, and that brief was fairly comprehensive. It detailed what they did and why in fact they would probably be over the threshold, and requested the Minister of Health to make an exemption to those five cardiologists and the cardiac surgeons at the hospital.

Dr Abdulla, while he does not live in my riding, has had several occasions to deal with me in my capacity as member for Sudbury East. He forwarded a package of this information to me and asked for my support with his request for exemption to the Ministry of Health.

1110

**Ms Jackson:** You have been good enough to provide us and will distribute to the committee a copy of that request for exemption, which I think came to you by letter dated June 12.

**Hon Miss Martel:** Sorry, I cannot remember the actual date on which I received it.

**Ms Jackson:** We will have it in front of you in a minute.

**Hon Miss Martel:** Thank you.

**The Chair:** The document being distributed is going to be marked as exhibit 97.

**Ms Jackson:** As I understand it, Ms Martel, there was a response to that letter on June 27, which I will ask also be put in front of you.

**The Chair:** The next document being distributed is to be marked as exhibit 98.

**Ms Jackson:** Ms Martel, can you identify the letter of June 12 and the attached supporting information as the material your office received, it would appear, around June 17, 1991?

**Hon Miss Martel:** Yes, it is.

**Ms Jackson:** And the letter we have marked as exhibit 98 is your response to that letter?

**Hon Miss Martel:** Yes. May I make a comment about the response?

**Ms Jackson:** Yes.

**Hon Miss Martel:** Thank you. I was a bit negligent in outlining specifically to my staff what request they should make of the OMA. We wanted to not only write to the Ministry of Health and explain our support to the Ministry of Health, we also thought it would be a good idea to

express to the OMA my support for the cardiologists in question.

However, when we did write, there was a suggestion that we were writing to have cardiology services declared underserved, and that was not correct. That was my fault in giving not very good information to my staff on how to phrase the letter. What we had wanted to do was contact the OMA, determine if there was a way we could provide our support for the doctors, because we knew the OMA was also jointly negotiating with the province with respect to the exemption. So the letter is a little bit bizarre but that was my own fault in not giving quite adequate instructions to the staff about what requests they should make to the OMA.

**Ms Jackson:** What was your understanding at this point in time as to the implications of a specialty being on the underserved area program in relation to the threshold agreement?

**Hon Miss Martel:** At that point, only the fact that a specialist who was on the underserved area program at the time the agreement went into place was in fact exempt from the threshold for the whole period in which he or she was in the program.

**Ms Jackson:** With respect to cardiology, I take what you are saying to be an indication that you were looking for some other solution for the problem of cardiology than just the exemption that would be available under the underserved area program.

**Hon Miss Martel:** No. I should be more explicit. It sounds like what the letter says, but at this point in time, what I wanted was to write to the Ministry of Health and to the OMA and express my support as the MPP for Sudbury for an exemption as per the request from Dr Abdulla. The changes in terms of allowing those people who were in designated underserved areas came much later on as a response to the situation in Sudbury. But at the time when I wrote, that was not in my mind.

**Ms Jackson:** That is as I understood it. In fact what you were doing, as I understand from what you are saying, was trying to get or supporting an exemption under the second branch of exemptions that we have heard was available under this agreement, namely, the opportunity for the minister to grant exemptions by specialty and by region.

**Hon Miss Martel:** That is correct. Under section 10 where—

**Ms Jackson:** What you are saying is, that is what you were trying to do, and the third paragraph of this letter may be misstating the case to some extent.

**Hon Miss Martel:** Yes it does, and that is what I wanted to make clear to the committee.

**Ms Jackson:** And then subsequently, I believe on September 10, you forwarded a letter to the Ministry of Health in support of this request for an exemption. Could I ask that that be placed in front of you and members of the committee, and as well I guess the companion letter to Dr Abdulla of the same date. We seem to have located the copy of the letter to Ms Lankin which you wrote on



September 10, and let me start by asking you to identify that as a letter of support.

**The Chair:** For members of the committee, that is going to be marked as exhibit 99.

**Ms Jackson:** On the same day as you signed this letter, Ms Martel, I understand that you wrote a letter to Dr Abdulla confirming that you had written to the minister supporting his request for an exemption.

**Hon Miss Martel:** Yes, I did.

**Ms Jackson:** We do have a copy of that letter and we do not seem to have enough copies to distribute, and we will take care of that at lunchtime. Maybe we could reserve, Mr Chairman, exhibit 100 for that letter, which will be distributed when we resume at 2 pm.

**The Chair:** That will be done.

**Ms Jackson:** Now, after that sort of exchange of correspondence in relation to the cardiologists, could you tell the committee, Ms Martel, when your next awareness of the threshold agreement being an issue in Sudbury or for Sudbury doctors came about?

**Hon Miss Martel:** In about mid-October of 1991, the constituency office received a call from Dr de Blacam. Dr de Blacam, as I am sure the committee has heard, is the president of the Sudbury and district medical association. At that time, Dr de Blacam indicated that there would be a problem with a dermatologist—he did not name the dermatologist—and would I be prepared to meet with him to discuss this matter. I was away at the time, so my constituency assistant, Miss Morris, took the information down and told him she would discuss it with me and then would call him back with a time for an appointment. When I got back, we went through a whole list of appointments. This was one, and I agreed to have a meeting with him. At that point, Miss Morris called him back and suggested that we would be prepared to meet, gave him a time, and left it up to him to determine if he would like to come in to see me. He did not follow up on that, and I do not know the reason for that.

**Ms Jackson:** You made reference to your constituency assistant. That is Kim Morris?

**Hon Miss Martel:** Yes.

**Ms Jackson:** And is her title constituency assistant?

**Hon Miss Martel:** Yes, it is.

**Ms Jackson:** All right. So that meeting, for whatever reason, never took place. What was your next awareness of this issue being an issue in Sudbury?

**Hon Miss Martel:** My next awareness would have come in the week of November 11 to November 15. That was our constituency week, so I was in the constituency. I was doing clinics in the east end of my riding. That is to say, I go down and I go to the communities that are on the outskirts and spend some time and people can come to meet with me there in the community hall. I was also in Toronto that week to defend my estimates before treasury board, and back into the riding for other meetings. So I went back and forth between Toronto and home.

During that week, the office began to receive a number of calls from people who were calling in support of Dr Donahue. These were people who lived both in my own riding of Sudbury East and in Sharon's and Floyd's ridings, and they called specifically to indicate their concern that the threshold agreement the government had signed was forcing Dr Donahue to shut down his practice. A number of them also said very clearly to my staff that they were under the impression that he was going to leave town and they were very concerned that a specialist was going to be leaving town. That is certainly quite correct, because it is something we have always had to fight hard against.

1120

Miss Morris, to the best of my recollection, made me aware of the number of calls somewhere around the 14th, which was the Thursday of that week. I was defending my ministry estimates. I flew back to Sudbury, and she picked me up at the airport. That day, we had two meetings in the east end of my riding and she was coming with me to drive, because I had a long week and I was tired. In the car she went through a number of—

**Ms Jackson:** We are on what day now, November 15?

**Hon Miss Martel:** To the best of my recollection, I have pinpointed it around November 14, which is a Thursday. I had not been into the constituency office all that week, so I cannot think of any other time that I would have talked to her. However—

**Ms Jackson:** All right. Can I just stop you there?

**Hon Miss Martel:** Sure.

**Ms Jackson:** You have leaped ahead a little further than I expected, and before we get to November 14 I want to ask you to identify some things that I guess, in terms of the answer you have just given, were not issues in your mind, but they seem to have been events. You have provided us with some correspondence that came from Dr Donahue and your response in relation to his particular situation. Maybe just so we can keep the chronology straight we will look at that, and I would ask that we distribute a letter of October 28, which has attached to it that correspondence. I think we have it.

**The Chair:** That letter of October 28 is going to be marked as exhibit 101.

**Ms Jackson:** And so we have a record of that, Mr Chairman. That is your letter, Ms Martel, to the minister, and it attaches a letter apparently to you from Dr Donahue of October 22, 1991, with an attachment, and some correspondence from Dr de Blacam. That correspondence I take it came into your office—I am speaking of the correspondence from Dr Donahue and Dr de Blacam—in the latter part of October.

**Hon Miss Martel:** Yes, it came into our ministry office in Toronto.

**Ms Jackson:** And you wrote again to the minister in relation to the concerns expressed by Dr Donahue and asked her to give the matter her full consideration. When you requested that she give the matter her full consideration, what were you in effect requesting her to do?



**Hon Miss Martel:** I was requesting her to use her discretion, as I hoped she would in the case of the cardiologist, to provide an exemption to Dr Donahue. It was my understanding, and I had not gone through the letter terribly carefully, but it was my understanding as I read the first page, which said "Urgent," that he was in fact the only dermatologist in northeastern Ontario who was providing full-time service to that population and, as I went through both his letters and Dr de Blacam's, recognized that he had stated very clearly, as had Dr de Blacam, that he was going to have a financial problem with respect to the threshold.

Certainly my feeling at the time was that if he was in fact the only dermatologist full-time providing service to that population, if he left, we were going to have a very serious problem with respect to the provision of service, not only in my community but in a number of other communities. Sudbury acts as a regional centre for a number of specialties. Dermatology in this case is yet another. So the impact would be very much on my community, which is my thought first and foremost, but on a much broader level of population as well, in an area that I consider to be part of my constituency as minister.

**Ms Jackson:** And that was the reason you requested the exemption?

**Hon Miss Martel:** Yes.

**Ms Jackson:** Or in effect. I mean, you do not use that language, but you have explained that is what you meant.

**Hon Miss Martel:** Yes.

**Ms Jackson:** All right. And at that point, at the point at which you have signed this letter and sent it off or had it sent off to Minister Lankin, had the telephone calls you made reference to a moment ago started, to your knowledge?

**Hon Miss Martel:** No.

**Ms Jackson:** Now, just while we are on this issue, you have provided to us some correspondence that appears to be related from Ms Wark-Martyn, and that is a letter dated November 6, in which she essentially forwards to you the same kind of correspondence that she had received in her office. Perhaps, so we have a complete record, we could mark that as the next exhibit, after you have had a chance to identify it.

**The Chair:** That letter of November 6 will be marked, after identification, as exhibit 102.

**Ms Jackson:** It would appear from this, Ms Martel, that Ms Wark-Martyn had received similar correspondence and sent it to your office. Were you aware of that?

**Hon Miss Martel:** No, I was not aware of this correspondence until counsel showed it to me on Sunday afternoon. I should make something clear to people so that they understand what I saw and did not. A number of letters started coming in to the constituency office at about that time with a request to me as MPP to do something about the fact that Dr Donahue was intending to leave and had stated that publicly. I did not read all of the letters by any stretch—I want to make that clear to everyone—and what we did was to keep an ongoing file on this matter so that when indeed we could get a resolution to the matter I could write back to people with respect to the resolution

that we had accomplished. So I did not see this letter that Shelley sent to me until you showed it to me on Sunday.

**Ms Jackson:** All right. Although, in fairness, you may not have seen it, but you understand that it was produced from your office.

**Hon Miss Martel:** Yes.

**Ms Jackson:** In terms of the way things usually work, do you have an understanding as to why Ms Wark-Martyn was forwarding this on to you rather than dealing with it in some way herself?

**Hon Miss Martel:** No, I do not. The only thing I can think is that it was because it was someone who was in my—not exactly in my riding, but certainly in the area that I represented, and the services—

**Ms Jackson:** Closer to your riding than to her riding?

**Hon Miss Martel:** Well, I am not sure actually where his house is, but it is quite closer to mine than hers—that she sent it on for me to deal with. I cannot speak for what else was in her mind at that time.

**Ms Jackson:** Now, we have had some evidence from Ms Murdock that when an issue of, for example, this kind or any other local issue arises in the Sudbury area, you and Mr Laughren and she had a method developed for dealing, as among the three of you, with such an issue. I wonder if you could describe to the committee your understanding of that arrangement.

**Hon Miss Martel:** Very early on, we had to devise a system for meeting with people so that we all did not go crazy. What happened very early on was that a number of groups in Sudbury who wanted to meet with us wanted all of us there together at the same time, and we tried for the first three or four months that we had been elected to do that, but it became far too difficult with our own schedules. We all do TV shows as well, we all want to get in to our constituency office, so it became increasingly difficult.

About the new year of 1991, the three of us sat down together and made a decision that we would no longer go all three of us to meetings together, that in fact whoever got the first call on an issue would be the one who would take the lead on that particular issue. That person who took the lead would also be responsible for sending any information back to the other two, requesting that they be at meetings, if that was what was necessary, or requesting that they do letters etc. But one of us on a given issue would do that and the others would be kept advised and notified of what was needed to be done.

**Ms Jackson:** And in the case of the threshold issue that was developing in Sudbury, who was the lead?

**Hon Miss Martel:** That was me.

**Ms Jackson:** And did that extend as well to the issues that came to arise with respect to Dr Donahue?

**Hon Miss Martel:** Pardon me?

**Ms Jackson:** The issue that you were taking the lead on, did that include Dr Donahue?

**Hon Miss Martel:** It included everything with respect to what we finally termed "the doctor situation" in Sudbury.

**Ms Jackson:** Including Dr Donahue?



**Hon Miss Martel:** Yes.

**Ms Jackson:** All right. Now, you indicated that your office started to receive telephone calls with respect to Dr Donahue's office, and do I understand that your first awareness of that was in the week that ended November 14?

**Hon Miss Martel:** Yes.

**Ms Jackson:** At some point during this period—and I am not sure what the exact timing is; I will ask you to give it to us—were you contacted by the regional chair of Sudbury, Mr Davies—

**Hon Miss Martel:** Yes.

**Ms Jackson:** —about this issue?

**Hon Miss Martel:** Yes, I was. Between the end of October and the beginning of November, Mr Davies's executive assistant, Ms Guenette, contacted Elizabeth Diehl in my office. Elizabeth is a special assistant administrative in my Toronto office, and she was contacted and asked if our office could facilitate a meeting between the regional chair and Frances Lankin. We made some efforts—

**Ms Jackson:** On what issue?

**Hon Miss Martel:** He only said the doctors issue in Sudbury. He did not name one doctor or another. He did not give any names; specifically with a request to doctors in Sudbury.

My office attempted to try and arrange a meeting with Frances, but at the time Frances was terribly busy and she was also ill, and could not arrange for a meeting. Her executive assistant, Ms Colley, agreed to meet with Mr Davies, but Mr Davies did not want to meet with any of the political staff. So as it turned out, he finally agreed that because he could not get Frances he could deal with Floyd and myself, and that meeting was arranged for November 15 in Sudbury at the regional—not at the chair's office, but in the regional building.

**Ms Jackson:** And I take it from what you are saying that meeting was arranged something like two weeks in advance, was it?

**Hon Miss Martel:** I do not know the specific date. The calls from the regional chair's office came between about October 31 and November 4 and the dates were confirmed between Floyd and I and the regional chair some time in those four or five days.

**Ms Jackson:** Still dealing with the week of November 4, we have marked as an exhibit in these proceedings a transcript of an interview apparently given by Dr Donahue, which you will find at exhibit 10 of the black volumes in front of you. This is the interview Dr Donahue apparently gave—well, he has confirmed he gave—to MCTV, channel 4, on the epilation issue. Were you aware of that interview around the time it occurred?

1130

**Hon Miss Martel:** I did not hear that interview the morning that it went on. We are not sure if we have the right book.

**The Chair:** Just for your counsel's assistance, the binders with the white covers are the exhibit binders.

**Ms Jackson:** The yellow covers are transcripts.

**The Chair:** And the yellow covers are transcripts.

**Ms Jackson:** You did not hear the interview at the time?

**Hon Miss Martel:** That morning, no.

**Ms Jackson:** When did you become aware of it?

**Hon Miss Martel:** During that week. Our communications branch in Sudbury in the ministry sends down to us on a daily basis all the articles that appear in the Sudbury newspapers, as well as the transcripts from the CBC and from the local radio stations, both English and French, and those are forwarded to my office on a daily basis, my Toronto office. So it would have been somewhere in the week of November 11 when I was back in Toronto that I would have become aware of that particular transcript. I would not have heard it that morning.

**Ms Jackson:** In any event, when you became aware of it during that week, do you recall whether you learned anything about Dr Donahue and his practice or his situation that you did not know before? In that interview, you will recall, he talks about epilation and the need for him to disaggregate his epilation practice.

**Hon Miss Martel:** What I understood was that he was going to be opening an electrolysis clinic, that he and his staff had made a decision that this was an important service they should be providing and they would take it upon themselves to open a clinic called the Doctor's Studio. I contrasted that with the fact that we were receiving calls in our office from people who were indicating that, via a letter they were receiving from the doctor and a petition he had in his office, he in fact was closing his medical practice and for all intents and purposes was leaving town. About the 14th, when I realized the letters were coming in and this is what constituents were saying to us, I found a real contradiction there in terms of his being on TV only a week before telling people this practice was going to go into effect and now telling his own patients and the community at large via the patients that he was going to be leaving.

**Ms Jackson:** Did it cause you any concern or did it raise any concerns in your mind at that time?

**Hon Miss Martel:** Yes, it did, because I could not understand the contradiction. Very clearly, patients of his were calling my office, as I am sure they were to Floyd and Sharon, because they were certainly instructed to do so in the letter he was handing out in his office. The people who were calling us were saying very clearly that they did not want this specialist to leave, and as the local MPP, I should do everything I could to ensure that he was not going to leave. Yet on the other hand, he had made it very clear in an interview only a week before that he was in fact going to be establishing a new practice in the city. That contradiction I found to be quite bizarre.

**Ms Jackson:** You have made reference to a letter you understood his patients received, in effect directing them to call you. Could you take a look at the notice of office closure that is contained in exhibit 48 and indicate whether that is the letter or whether you have seen it?



**Hon Miss Martel:** Yes, that is the letter. We did not receive a copy of it until, I do believe, the 15th. Some of the people who were calling in mentioned a letter, so my constituency assistant asked one of the people who called to be so kind as to send us a copy and that is how we got one in our office.

**Ms Jackson:** You have indicated that during this week, in addition to receiving telephone calls, you started receiving letters and a petition. I am going to ask, first of all, that the petition you have provided to us be distributed and ask if you can identify that as the petition that came into your office during that week.

**The Chair:** This petition will be marked as exhibit 103.

**Ms Jackson:** Is that the petition, Ms Martel?

**Hon Miss Martel:** Yes, it is the petition that came into our office but, Miss Jackson, I would not say for certain that it came in in that week. We knew that patients were signing a petition at Dr Donahue's office. When it actually came into our possession, I cannot tell you for certain.

**Ms Jackson:** You understood this was prepared in Dr Donahue's office, did you?

**Hon Miss Martel:** Yes. The clients who were calling us were saying they were signing a petition in his office.

**Ms Jackson:** All right. In any event, when it arrived in your office, this is the thing that arrived, exhibit 103?

**Hon Miss Martel:** Yes, that is correct.

**Ms Jackson:** As well, I think it might be efficient to mark right now the bundle of letters that came into your office, and I would ask that those be distributed.

Just so you understand what I have done, Ms Martel, with those letters—we did the same thing with Ms Murdock's—we have taken off the names of the people who sent the letters.

**Hon Miss Martel:** Thank you.

**Ms Jackson:** You can confirm perhaps even from your own recollection that these letters start to arrive in early November. There are indeed some that come in later in November, and I think in one or two cases even in early December. Perhaps you want to take a look at those.

**Ms Edwardh:** Excuse me, Ms Jackson, did you give an exhibit number to the petition?

**The Chair:** Exhibit 103.

**Ms Edwardh:** Thank you very much, Mr Chair.

**Ms Jackson:** I did, but I may have been the only person who did. I am sorry.

**The Chair:** The letters are marked as exhibit 104.

**Ms Jackson:** I am advised that these are a compilation of the letters that you provided to us, Ms Martel, that have been put together chronologically. Page numbers have been put in the upper right-hand corner should anybody have occasion to refer to them. Can you confirm that these letters arrived in your office at least to the extent that they were contained in the file that your office kept on Dr Donahue?

**Hon Miss Martel:** Yes, that is correct.

**Ms Jackson:** In addition, I think you indicated that you heard on the 14th that you had started to receive a number of telephone calls about Dr Donahue's situation?

**Hon Miss Martel:** Yes. Would you like me to explain that further?

**Ms Jackson:** Yes, I would. Can I just ask you, you first heard about that on November 14, as far as you can recall?

**Hon Miss Martel:** That is to the best of my recollection.

**Ms Jackson:** I take it you would not have had occasion up until then to discuss with anybody in your constituency office how they should handle those calls?

**Hon Miss Martel:** No, I did not. I was not in the constituency office that week at all.

**Ms Jackson:** When you did learn about the calls, you learned about them from whom?

**Hon Miss Martel:** From Kim Morris, my constituency assistant.

**Ms Jackson:** Did she have any responsibility for handling those calls?

**Hon Miss Martel:** Yes, she did. When she picked me up from the airport on Thursday, we were driving down to the community of Wanup and we went through a number of the cases that had come in that week. She was asking for instruction on how to deal with some of them.

She then mentioned that we were receiving (a) a number of letters but (b) far more telephone calls with respect to Dr Donahue and the fact that people were concerned he was closing his practice. She asked me what response she should give to people. I told her at the time that I wanted her to say three things to people: (a) that we were very concerned about the matter, as they were; (b) that I was going to be meeting with doctors on this matter, because I was meeting the next day with a number of physicians, I was meeting with those doctors, and I was going to be meeting with the Ministry of Health and indeed had talked—no, I do not think I had at that point, but would be talking to the Ministry of Health based on the outcome of the meeting on Friday; and (c) to tell everyone that we were doing whatever we could to find a positive resolution to the matter.

So those were the three things that I told her. She knew at that point that any of the broader questions in terms of policy would not be done in the constituency office—they usually are not—but would be handled out of Toronto. I advised her if people called and they were very unhappy not to get frustrated, not to get flustered, just to say those three things: that I was very concerned, that the office was concerned, we were meeting both with the doctors and would be meeting with the Ministry of Health and we hoped to have a positive resolution.

**Ms Jackson:** At that point in time you had not met with anyone from the Ministry of Health on this issue?

**Hon Miss Martel:** No, I had not.

**Ms Jackson:** You indicated that already by that time you had concerns about the apparent discrepancy between two very different messages that Dr Donahue was delivering.



**Hon Miss Martel:** That is correct.

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**Ms Jackson:** Did you express those concerns to Ms Morris?

**Hon Miss Martel:** No. My recollection of expressing any further concerns to Miss Morris came after the meeting of November 15. She accompanied me the evening of the 15th to two other clinics that I was having in the east end of my riding, and in fact in between one meeting from 4 to 6 and the other from 7 to 9 we went to her parents' home for dinner. There were clips on the TV, and that is where I think I expressed more at that point.

**Ms Jackson:** All right, we will come to that after you have described the meeting, but do I take it your recollection would be, then, that you had no discussion with Ms Morris about concerns you had about Dr Donahue at least until the evening of the 15th?

**Hon Miss Martel:** No. To the best of my recollection, my concerns came from information I learned at the meeting on the 15th.

**Ms Jackson:** In fairness, you have already indicated you had some concerns. Correct?

**Hon Miss Martel:** Yes, but my concerns with respect to information that he gave us with regard to his financial situation did not come until the 15th.

**Ms Jackson:** All right. As of the end of the 14th, then, you had not had any contact with the Ministry of Health. Do you know what contacts your staff had had?

**Hon Miss Martel:** Mm-hmm. I had advised them to talk to the Ministry of Health and this came about in the following way. On the 14th when I was at treasury board I finished my estimates and I came out and was getting on to the elevator, and at the same time two people from Floyd's staff arrived at the elevator. They were Mr Wood, who is Floyd's constituency assistant in the riding of Nickel Belt, and Ms Nuala Doherty, who is his constituency assistant but who works in Toronto. We got on to the elevator, and I asked Ian why he was in Toronto, because normally he does the work in the constituency office and is located there. Ian said that he was in because he was getting some information for Floyd with respect to the doctor situation in Sudbury. He said that in fact they were on their way at that point to have a meeting with staff from the Ministry of Health to get some information. I said to him that I would have someone from my office call either him or Nuala later in the afternoon to find out what information they had received so it could be passed on to me as well.

**Ms Jackson:** In the brief exchanges at the elevator was there any discussion about the fact that, as we have heard at least, there had been some pressing attempts from Mr Laughren's office to get some information on Dr Donahue, which as of the 14th had not been successful?

**Hon Miss Martel:** No. The only discussion was that they were going to the Ministry of Health, they were having a meeting with respect to the doctor situation in Sudbury and they agreed that if someone from my office were to call over after, they would exchange whatever information they had obtained at their meeting.

**Ms Jackson:** Do you know who they were meeting with?

**Hon Miss Martel:** No. They did not give me a name.

**Ms Jackson:** All right. Who in your office did you advise, or did you advise someone in your office to follow up on that?

**Hon Miss Martel:** Yes, I did. I came back to the ministry just before I went up to the airport, and I told my executive assistant, MaryLou Murray, to have someone call over to Nuala and Ian that afternoon and find out what information they had received from the meeting at the Ministry of Health.

**Ms Jackson:** As a result of that contact, did you receive some information?

**Hon Miss Martel:** I received some information on the morning of the 15th. It was faxed into the ministry office in Sudbury.

**Ms Jackson:** All right. Can you look, first of all, at exhibit 54 and advise us whether you received that information. Sorry, I will have to get you the right number; that is not the right number. Exhibit 53.

**Hon Miss Martel:** Yes, I did receive this information.

**Ms Jackson:** Was there anything in there that was new to you in terms of understanding Dr Donahue's situation?

**Hon Miss Martel:** The first thing was that the Ministry of Health would be happy to sit down with Dr Donahue. I had had no indication to that point as to whether or not the Ministry of Health was aware of the situation regarding Dr Donahue and what position they were taking. So Mr Corea's memo said clearly to me that the Ministry of Health was prepared to sit down and talk to Dr Donahue about the details of his practice which would support his request for an exemption, and I felt from that that I as well would be free to make that offer to Dr Donahue if the occasion were to arise.

Second, there was the point with respect to electrolysis and whether or not this was a significant portion of his billing. At that point in time I knew that electrolysis was being delisted because Sharon had received a number of people in her office to complain about this.

**Ms Jackson:** That is Sharon Murdock?

**Hon Miss Martel:** Yes, sorry. Sharon had received a number of people in her office to complain about this delisting, so I knew that some time in November this was going to happen, but this was the first time that I made a connection, having had it pointed out to me by the Ministry of Health, that this may impact upon Dr Donahue's billings as well.

**Ms Jackson:** On his which?

**Hon Miss Martel:** On his billings as well.

**Ms Jackson:** Did you have any understanding as to whether electrolysis billings were or were not included in threshold calculations?

**Hon Miss Martel:** At that point I did not know that they were not included.

**Ms Jackson:** Do you recall when you did learn that they were not?



**Hon Miss Martel:** It was a long time after that that I realized they were not part and parcel of the exemptions.

**Ms Jackson:** All right.

**Hon Miss Martel:** I would say at least two months afterwards, so it had no relation to—

**Ms Jackson:** At least two months after this.

**Hon Miss Martel:** Right.

**Ms Jackson:** So some time in January?

**Hon Miss Martel:** Yes.

**Ms Jackson:** All right. This memorandum is directed to David Sword in your office.

**Hon Miss Martel:** Mm-hmm.

**Ms Jackson:** Who is David Sword?

**Hon Miss Martel:** David Sword is my policy assistant.

**Ms Jackson:** Was he assisting you on this matter?

**Hon Miss Martel:** David had only come out of the ministry bureaucracy to work in my office about three weeks before, so he was very new to the political staff in my office, new in the sense that he had been working with us and had a place in terms of physical location quite near to my political staff but was not working directly under our supervision. David, as I understand it, was asked by Mary-Lou to make the contact with Nuala and Ian with respect to obtaining information, and as soon as he was requested to do that, he then became the policy person who was in charge of dealing with this matter with me.

**Ms Jackson:** So it is a little bit like the arrangement you have with Mr Laughren and Ms Murdock—whoever gets it first stays in charge? Is that sort of the way it works?

**Hon Miss Martel:** Yes, in most cases, although some of the staff obviously, because of the roles they play in my office, would not be asked at any point to deal with policy matters. They are there merely for an administrative function. But there are a couple of people who could have been asked, and David was the one who ended up dealing with it from thereon in on the policy side.

**Ms Jackson:** This memorandum comes from Larry Corea. At this time had you met Mr Corea?

**Hon Miss Martel:** No, I had not.

**Ms Jackson:** Did you have any understanding as to who he was, apart from what appears in the memorandum?

**Hon Miss Martel:** I only knew that Larry's title, and I did not know if it was public or not, was a customer rep for the Ministry of Health, because it was my understanding that he was the front-line staffer in Frances's office who would deal with complaints or requests for help from MPPs.

**Ms Jackson:** Have you ever met Mr Corea?

**Hon Miss Martel:** I met Mr Corea for the first time last week. He was into my office for a meeting with a group from Thunder Bay on the one hospital.

**Ms Jackson:** All right. Then, in addition to this memorandum, I understand you received another memorandum of information from Ms Doherty. Is that correct?

**Hon Miss Martel:** Yes, I did.

**Ms Jackson:** Could we distribute that? That is the memorandum of November 15.

**The Chair:** That memo of November 15 is being distributed and will be marked as exhibit 105.

**Ms Jackson:** That is the memorandum that you received faxed up to your office on the morning of November 15?

**Hon Miss Martel:** Yes, it is.

**Ms Jackson:** Just so we deal with the question, on the second page there is one part that has been yellow-marked over and in the Xeroxing has been somewhat lost. I understand that part says "Understand you're opening up an electrolysis practice." Are you or your counsel able to confirm that your clearer copy, the one you originally provided to us, makes that clear?

**Hon Miss Martel:** No, but I will take your word for it, counsel. I can only read "opening up an" on my copy.

**Ms Jackson:** When you reviewed this memorandum, did you learn anything more about Dr Donahue than you had known before?

**Hon Miss Martel:** Yes, I did, and that was with respect to the fact that other dermatological services were being provided by other dermatologists to the population.

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**Ms Jackson:** That is the part in paragraph 2b.

**Hon Miss Martel:** Yes, and I was not aware of that myself. I had only, when reading Dr Donahue's letter, taken a brief look at the part marked "Urgent," a bit of the first page and the last, and so did not see that somewhere in the middle of his letter, which I did not read very carefully, it did point out that there were other people. So my understanding when I wrote to Frances was that in fact he was the only full-time person providing service. So this was the first time that I learned that there were others and who they were, in the sense that Dr Hradsky is listed, and I do not know who the dermatologist is who flies in to Timmins.

**Ms Jackson:** And would that information, had you had it earlier, have affected the fact that you supported his request for an exemption?

**Hon Miss Martel:** No, I do not think it would have changed anything.

**Ms Jackson:** Was there anything else in here about Dr Donahue that was new to you when you read the memo?

**Hon Miss Martel:** The only other thing would have been more general information with respect to how many dermatologists would be required to service a population. I did not have a recollection of those figures before, but I do not think, Miss Jackson, that there is much else in here that would have been new to me at the time.

**Ms Jackson:** All right. Under paragraph 5 there is something called "Our Opinion." Did you understand that to be the opinion of Nuala and Ian, that would be Ms Doherty and Mr Wood?

**Hon Miss Martel:** Yes, I did.

**Ms Jackson:** Did you have any reaction to that opinion when you read it?



**Hon Miss Martel:** Well, I do not know Nuala, so I cannot make a comment on how she normally writes memos. I felt she had taken a bit of a licence, but then again, I do not know how she normally writes. I do not know if that is part and parcel or was editorial licence on her part. So I did not give it much thought.

**Ms Jackson:** Did you have any occasion to determine or to inquire as to what that opinion was based on? Did you ever inquire what was the basis of the opinion that is expressed there?

**Hon Miss Martel:** No, I never did. I did not have much of a chance to receive the information before I actually left for another meeting, so I picked up the two off the fax machine within the office not much more than a half-hour after that and left. At that point I did not think it was terribly important to call Nuala and find out why she had said it. It did not seem to be terribly important to me at the time, one way or the other.

**Ms Jackson:** Did it affect your thinking about Dr Donahue at all?

**Hon Miss Martel:** No, I do not think it did. I mean, that was the opinion of her and Ian. Why they had come to that opinion I did not know, but I do not think it changed in my mind anything with respect to the request that he had made to me or changed in my mind the concern I had with the contradiction between his opening up a hair removal clinic and at the same time telling people that he had to close his medical services. I do not think I took it at face value, as other people would.

**Ms Jackson:** Did you consider whether any of this information, or all of it, could be passed on by you to anyone else?

**Hon Miss Martel:** Well, I would certainly share this, my own, with David Sword if he had not received a copy of it, and I did not know at that time whether he did. I would see nothing wrong with sharing it with him because he was certainly the point person on the policy side for it. I do not think there is anything in here that reveals anything that could not be found in public. For example, the details with respect to the joint management committee were well outlined in the OMA agreement. Certainly it would be very embarrassing for Floyd and Nuala to have paragraph 5 out, so I would not be giving it out to just anyone, but in terms of the information which was not their opinion but was factual, I did not find much in there that could not be discussed with or given to my own political staff or others who would have been involved in trying to find a resolution to this.

**Ms Jackson:** I take it that would include Kim Morris as well.

**Hon Miss Martel:** Kim Morris never received a copy of this.

**Ms Jackson:** I understood Kim Morris—oh, this came into your ministerial office in Sudbury, did it?

**Hon Miss Martel:** Yes, that is correct.

**Ms Jackson:** And you never provided a copy to Kim Morris?

**Hon Miss Martel:** No, I did not.

**Ms Jackson:** Do you know if anybody else did?

**Hon Miss Martel:** I have no idea if anyone else did or not.

**Ms Jackson:** Do you recall ever discussing with her the opinion that taxpayers are being asked to support Dr Donahue's entrepreneurial greed?

**Hon Miss Martel:** No. I did not discuss this memo with Kim. The information that I received, and I can get into it later on, with respect to the underserviced area program etc was all kept in my Toronto office. There was no documentation of any sort in the riding office, other than the information that was coming in from constituents themselves in the form of letters and telephone calls.

**Ms Jackson:** By the morning of the 15th, then, in terms of the information you had about Dr Donahue, you had the information and impressions you have given us from the contacts that were made to your constituency office, your information from the November 8 broadcast and the information that you gleaned from the two memos we have just looked at. Is that correct?

**Hon Miss Martel:** Yes, that is. I think there is one other thing I should add. You are asking me what global picture I had at this point in time?

**Ms Jackson:** I was going to, yes.

**Hon Miss Martel:** There is one other thing I should add. We—I should not say Floyd. I had been approached by Dr Donahue via letter seeking help for him to get an exemption, and that had been done on the 22nd of October. We wrote a letter to the Ministry of Health in effect requesting Frances to look at that very matter. I thought, frankly, if he was closing his office on November 15, as I understood he was, that he had been a little unfair in not giving me what I thought would be adequate time to try to look for a resolution. In essence, we had a period of three weeks, by the time I was even aware that there was a problem, up until the 15th, when he was announcing that he was closing. I felt that in terms of making a serious request for our help, he had not given us, on the other hand, enough time to do a serious job about trying to respond.

**Ms Jackson:** And the fact that he was closing on the 15th is certainly the implication of the office announcement we looked at earlier, where he says he is closing his office, the business, effective November 18, which is a Monday.

**Hon Miss Martel:** That, and the conversations that were being relayed by people who were calling in. The case forms as they were relayed to me, or the comments on the case forms that were relayed to me by Kim, were that very clearly people were leaving his office with the impression that he was (a) shutting down, (b) leaving town. Their calls to us were, "What are you going to do to make sure that Dr Donahue stays?"

**Ms Jackson:** All right. And just so we have the complete picture, on November 13 we know there was an interview with Dr Donahue. You will see that and you have had a chance to look at it before. It is at tab 11. It is an interview that apparently occurred on CBC Morning

North in Sudbury on November 13 in which Dr Donahue discusses the fact that he is closing his office. I understand that you became aware of that, but not until some time in the following week.

**Hon Miss Martel:** Right. There were actually two articles, one that was written a day before in the Sudbury Star and this particular article. But I did not see either of those until I was back in Toronto in the following week.

**Ms Jackson:** All right.

**Hon Miss Martel:** So any information that I got from those was after the week of—or the new week starting the 18th, 19th of November.

**Ms Jackson:** I want to then take you to the November 15 meeting, and I am advised that I should probably do that after lunch. So this, I think, would be an appropriate point to—oh, before that, yes—

**The Chair:** Just one moment.

**Ms Jackson:** The Chairman has reminded me that we now have a copy of your September 10 letter to Dr Abdulla, which we have already marked as exhibit 100. Perhaps we could just, before we rise, circulate that to people in the room.

**The Chair:** That is being distributed as exhibit 100. We will now recess until 2 pm.

The committee recessed at 1159



## AFTERNOON SITTING

The committee resumed at 1406.

**The Chair:** Good afternoon. We call the afternoon session of the Legislative Assembly committee to order. At the end of the morning session our counsel was in the midst of questioning the minister, and we will continue on with that questioning.

**Mr Christopherson:** On a point of order, Mr Chairman: Just regarding Mr Harfield and some of the difficulties that have transpired so far and the importance that he plays in all of this, could I ask if there is any kind of update on his status?

**The Chair:** As a result of subcommittee meetings, I think we are all well aware of how we very much require Mr Harfield to attend before the committee. The first time I heard of the illness of Mr Harfield was at approximately a quarter to 10 this morning, and to this point in time, although we are endeavouring to find out, we have not yet heard a further report on his condition. We will continue to do so and when there is further information, certainly that will be shared with the committee.

**Mr Christopherson:** So he is still tentatively scheduled for tomorrow afternoon, after the questioning of Ms Martel.

**The Chair:** There is no question that, subject to his condition, it is still the intent of the subcommittee and the committee as a whole to have Mr Harfield called as a witness, of course.

**Mr Kormos:** Further to that, we all know that Mr Harfield evaded service of the invitation to attend here for a significant period of time, made himself hard to find, played hard to get, obviously was reluctant to be here and indeed was here yesterday morning and then got nervous and departed. Are you telling us that a Speaker's warrant will be used to compel his attendance here? His illness today is interesting, to say the least.

**The Chair:** Mr Kormos, all I can do is inform this committee of the information I have that a witness to this committee has indicated he has taken ill and that he is in the hospital. We are endeavouring to find out his condition and when there is further information we will certainly share that with the committee.

Having said that, I would then invite Ms Jackson to continue with her questioning.

**Ms Jackson:** Ms Martel, I think chronologically we were on the morning of November 15 when we broke for lunch. May I ask you, as of that morning had you received any information from Sharon Murdock or anyone in her office about calculations this committee now understands they had been doing of Dr Donahue's billings?

**Hon Miss Martel:** No, I have not, and our office never received those calculations.

**Ms Jackson:** Had you received any information concerning Dr Donahue's billings as of the morning of the 15th of November?

**Hon Miss Martel:** No, I had not. There was information that was in the paper, but I read it after this weekend.

**Ms Jackson:** Yes, all right. You were in Sudbury for a number of reasons, but it was certainly planned that one of the events on your schedule that day was a meeting with some doctors in Sudbury.

**Hon Miss Martel:** That is correct.

**Ms Jackson:** Did you have a conversation with the regional chairman of Sudbury about that meeting before it occurred?

**Hon Miss Martel:** Yes, I did. When I received the memos from both Nuala and from Larry Corea's office I noted clearly in the memo from the Ministry of Health that there was an invitation to have Dr Donahue come and have a meeting to explain the details underlying why he thought he needed an exemption. I took from that memo that either Floyd or I would be quite free to ask Dr Donahue the same if we were to see him at this particular meeting. We had no indication at that time who was to attend, and my understanding was that the regional chair, Tom Davies, was going to be chairing because he had called the meeting in the first place.

So after I received the memos, which would have been 11:30, 12, I called Mr Davies at his office and said that the position that I would be taking at the meeting would be that I would be inviting Dr Donahue to have a meeting with the Ministry of Health. I would ask him if he wanted someone from my office there, either myself or a staffer, in order to go through the details of his practice and explain to the ministry why he felt he needed an exemption and what the details were of his costs on the one hand and his revenues on the other, and why he was going to be over the threshold.

**Ms Jackson:** Did Mr Davies indicate that he had received any information about Dr Donahue's situation?

**Hon Miss Martel:** Yes. Mr Davies indicated that he had been speaking to Dr Donahue's accountants—I do not know their names and the names were not provided to me at this time—but that he had felt in conversation with them that indeed he was going in the hole, that he was in financial difficulty. When I told him that I would be making the request to Dr Donahue, if he was there, for a meeting, he agreed that that was fine.

**Ms Jackson:** Was there any expression of a view by Mr Davies as to whether this was a significant political issue in Sudbury?

**Hon Miss Martel:** Well, there certainly was, and Tom was very quick to talk to me. He also explained that he had called Mr Laughren earlier that morning and told him, and was telling me in this conversation very clearly that this was the most significant political issue that the region had ever seen.

Mr Davies has been the regional chair for some time now. I am sorry I do not have the exact number of years, but he certainly has been around as long as I have and before that when my father was the MPP for Sudbury East.



He made it very clear to me that in all his time as regional chair this was the most significant issue. They were receiving calls from a number of people in the region asking what the region was going to do, asking what could be done on a more global nature. So in his mind it was very significant for us and one that we had to pay some serious attention to.

**Ms Jackson:** Now, when he said this was the most significant issue that the region had ever faced, did you understand that he was speaking of the situation with respect to Dr Donahue?

**Hon Miss Martel:** No. My understanding was that it was the situation with respect to the potential of doctors leaving. He was aware, it is my understanding, of Dr Abdulla's request for an exemption on behalf of a number of other cardiologists as well. He would have known about Dr Donahue at that time because he had spoken to Dr Donahue's accountant, so he had told me. Who else he knew about in terms of having a potential problem of going over the threshold, I am not clear. But my understanding is, it was a general concern about specialists and the fact that they may be leaving our region.

**Ms Jackson:** In terms of the reaction that your office was getting, did it seem that the biggest political controversy at that time was centring around Dr Donahue rather than others?

**Hon Miss Martel:** Oh, yes, that is correct, because he was the only one who had given any indication to his patients that they should call my office and the other two MPP offices. He was the only one that we had any indication was also in the midst of having a petition in his office and having that signed in order to forward on to us. Certainly he, although I did not see those articles, had been in the paper, so the general public would have seen articles in the paper from certainly the 12th or so of November, saying that he was going to be leaving. So there was a broad knowledge that there was a problem, but it was certainly focused around him at that point.

**Ms Jackson:** All right. What time was the meeting with the doctors scheduled for?

**Hon Miss Martel:** It was about 2:15 in the afternoon. I could only stay a half an hour because I had another meeting at four and I had some drive to get to it, so—

**Ms Jackson:** All right. Prior to attending the meeting with the doctors, did you attend some other proceeding or meeting at which Dr Donahue's situation was discussed?

**Hon Miss Martel:** Yes. Floyd and I had had a meeting arranged for some time to meet with the executive of the Steelworkers. This was to get in touch with them with respect to some of the legislation we were proceeding with. There had been some hard feelings around the fact that some of the Steelworkers did not go to Floyd's dinner, so we wanted to iron that out, and we had gone and agreed some time ago that we would meet at the steel hall in order to have this out and see where we were going in future.

So we went to the meeting and Floyd began by saying that we did not have a long time to be there because both he and I were off to the regional council to have a meeting

with the doctors on the doctors' situation. At that point the president of the local, whose name is Dave Campbell, said that he had been contacted earlier in the day with respect to providing support for this particular issue. I cannot remember his exact words, but he did say he had been requested to provide his support for an end to the threshold or an exemption from the threshold or some removal of the threshold so that doctors would not be in the position of having to leave.

We asked what his response had been, obviously, and he said to us that he had not given blanket support for that, or support without reservation; that he had some concerns himself and felt he could relate those concerns on behalf of his membership and that he was not convinced that just removing the threshold and allowing people to bill whatever they wanted was the solution to the problem. He expressed, as well, some concerns about health care and how we were going to maintain it.

There was another member who was sitting further down—I am sorry, I cannot recall who it was—who also expressed a concern that there were 14 people working in this dermatologist's office, and what were these 14 people doing? That was the first time I had any knowledge of how many staff people Dr Donahue indeed had at his office.

**Ms Jackson:** All right. After that meeting, then, did you attend the meeting with Mr Davies and the doctors?

**Hon Miss Martel:** Yes, we did.

**Ms Jackson:** That was in Civic Square, was it?

**Hon Miss Martel:** Yes.

**Ms Jackson:** You arrived at about the time the meeting was to start?

**Hon Miss Martel:** Yes, we arrived at the front door. My special assistant who works in the ministry office in Sudbury met us and told us—

**Ms Jackson:** And who is that?

**Hon Miss Martel:** Her name is Andrea Valentini. My apologies. Andrea met us at the door as we were coming into Civic Square to say that there were a number of the media who were there and to be a bit cautious when we came and went because Dr de Blacam, who is the head of the medical society, had been there and told the media that they should stick around, there would be a good show going on that afternoon. That was the start to our going into the meeting and there were indeed a great number of the media there, but we did not really talk to any of them as we went in.

**Ms Jackson:** Who had you understood in advance was going to be attending this meeting?

**Hon Miss Martel:** I only knew that Tom Davies would be there, because he had asked for the meeting. Normally when Tom is at a meeting, his executive assistant, Gloria Guenette, is also there. We were not given a list beforehand or any indication of who would be there representing whom.

**Ms Jackson:** In fact, who was at the meeting?

**Hon Miss Martel:** There were a number of people, both representing the region and representing the medical society as well, and a number of political people. To the



best of my recollection, there were a number of staff people who worked for Dr Donahue at the back of the room. The table is in a U form, like this, in that particular meeting room.

The people from the region included Tom Davies, the regional chairman; Gloria Guenette, his executive assistant; Jim Rule, who was there representing the region as well, and Mark Mieto, the chair of the social services committee for the regional municipality of Sudbury.

Now, if you came one way, there were political people: Andrea Valentini and myself. The Treasurer was sitting beside me and he had a staff person there by the name of Sue Wyers, who is also a constituency assistant of his who works in his riding office in Nickel Belt.

Around the other side of the table were a number of representatives from the medical community: Dr de Blacam, who ended up chairing the meeting; Dr Abdulla, a chief cardiologist at Memorial; Dr Malloy, an obstetrician; Dr Farrell, who is also an obstetrician, and Dr Bergh, a paediatrician at Laurentian Hospital. At the back of the room as well was Dr Donahue, and he also had some financial people there with him whose names I do not know.

**Ms Jackson:** Was the general format of the meeting what you had expected?

**Hon Miss Martel:** No. It was far from what I had expected. We had been approached to ask for help in this particular circumstance by Dr Abdulla and I certainly had been approached by Dr de Blacam and Dr Donahue with respect to those individual circumstances. I cannot speak to who contacted Floyd with respect to help, because I do not know.

In any event, I had responded, I thought, positively to the request by Dr Donahue for an exemption and, second, we had rearranged our schedules on very short notice in order to be able to attend this particular meeting because we thought it was very important. The region has spent many years and millions of dollars trying to establish health care facilities in the city, and health care and physicians and doctors and nurses etc are very important. So we took it seriously. But when the meeting started it was pretty clear that it was going to be confrontational and adversarial from the first.

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**Ms Jackson:** Why was that?

**Hon Miss Martel:** Well, the first presentation was by Dr Donahue. Dr Donahue came from the back and he had a slide show that was going on on the side of the wall and he showed about 10 to 20 slides of his patients—faces, necks, backs, legs, feet, hands. He did not indicate at any time that he had ever gotten a waiver or a release for these people to be on the screen and I was hoping that I was not going to see a number of my constituents up there.

When he finished that particular slide presentation he came around to the Treasurer and he pulled out of his pocket an envelope and he said to the Treasurer, "Here are the final paycheques for my employees and I think you can give it to them," and he threw the envelope on the table in front of Floyd and then he went back and stood at the back of the room with his accountant. And my reaction was that

for someone who had requested our help and we in good faith had given it, it certainly was a bizarre way to go around requesting further help and, if anything, it was going to tend to turn people off rather than being really willing to go to the wall.

**Ms Jackson:** It turned you off?

**Hon Miss Martel:** Well, it did not impress me a lot at all. It frustrated me a great deal because in the back of my mind was also the context that he really had not given us enough time to try to deal with the matter. He had written to us, I had responded, and within about three or four weeks he had announced the closure of his practice before he had received any response either from myself or from Frances, and that really bothered me. I just did not think it was the way to go about trying to solicit help from your local MPPs.

He stood at the back of the room at that point and indicated that he had some people there who were aware of his financial matters and that his financial people would be prepared to answer some questions, but only three questions; one of those questions was with respect to what his operating line of credit was, and I cannot remember the nature of the other two. So at that point in time he gave us a great deal of financial information with respect to his individual circumstances; I have some of this written down but I think I can remember most of it.

He told us, for example, that his expenses on a monthly basis were anywhere between \$60,000 to \$100,000; second, that at that point in time 30% of the work he was doing was skin lesions with respect to cancer, but that that would grow to 70% in the next little while—he did not give a time frame; third, that he had already used up to \$138,000 of his operating line of credit and in the near future he would reach \$150,000.

Finally he said—and this is what caught the attention of the Treasurer and I the most. He indicated to us that he had reached his cap, and he used the word "cap," three months ago. And the Treasurer had a sudden intake of breath and I leaned back in my chair to him and said, "That's incredible," because what that meant to me was that he had reached the threshold or had billed \$400,000 between the period of April 1, when the agreement kicked into place, and some time around mid-August of 1991. He was telling us very clearly at this meeting that he was well over the threshold, he indicated three months, so we just backed up and figured somewhere in mid-August. To me, that meant he had billed about \$400,000 or over in a period of four to four and a half months, and taking that on an annual basis, which I did from there, I figured his billings were in the order of about \$1.2 million, and I thought at that time that that was a lot of money.

**Ms Jackson:** Was there any indication in his description of his circumstances that he was on the underserved area program?

**Hon Miss Martel:** There was none.

**Ms Jackson:** Did you know whether he was on the underserved area program?

**Hon Miss Martel:** No. I was not made aware of that piece of information until later on.



**Ms Jackson:** What conclusions did you draw from, first of all, the level of his billings, if any, as you would calculate it?

**Hon Miss Martel:** I thought that was a fairly high amount of billings, \$1.2 million. If I were to take \$400,000 in four months and annualize that, I thought that was a lot of money to be billing. Secondly, I wondered, but I did not ask him at the time, what the 14 staff were doing and how the 14 staff would relate to those kinds of billings. I had some questions in my mind—that had come from the earlier morning—but some questions then again about what that meant. I was not clear whether or not expenses in the order of \$60,000 to \$100,000, was what you would find in any other dermatology practice, whether that was high, whether that was low, whether that was about normal, and I did not have anything to relate that back to. So that struck me as well, as a question you would want to know something more about; just an overall level of concern that I thought that was a fair amount of money and I was not sure at this point how he should quite be into an operating line of credit, because my understanding was that the adjustments to the agreement were not coming until December, so my understanding at that point was that he was still being paid dollar for dollar everything that he was billing.

**Ms Jackson:** By that last remark, you mean the threshold, that is, the reduction in income, would not take place until the end of December when it would take place retroactively?

**Hon Miss Martel:** Exactly.

**Ms Jackson:** So you did not think the threshold would have affected his income stream at that period?

**Hon Miss Martel:** Not at that point in time; not to the point that he would be telling people that he was shutting his office.

**Ms Jackson:** You say you were wondering about the 14 staff and what they were doing. What do you mean by that?

**Hon Miss Martel:** If I go into my own doctor's office, there is a receptionist and there is a part-time nurse and my doctor, and my doctor sees me every time I come. I had also been seen by a dermatologist some years ago and in that case there was a dermatologist, there was a receptionist and a nurse, and that was the extent of the practice. So I wondered at that point in time what the practice entailed in terms of what services were being provided and frankly who was doing what in terms of actual provision of service, supervision, monitoring, those kinds of questions, all related to the delivery of health care and how that delivery was being carried out.

**Ms Jackson:** So he was delivering health care in a way that you were not personally familiar with?

**Hon Miss Martel:** That is correct.

**Ms Jackson:** Did you have any other reason or experience on which to question its propriety?

**Hon Miss Martel:** No, only that the matter had already been raised by someone else earlier in the day.

**Ms Jackson:** Who, as far as you knew, would have no particular experience in judging its propriety?

**Hon Miss Martel:** No. The gentleman who indicated that to me did not say that he would have any knowledge one way or the other about it. He only indicated that he wondered what the situation was.

**Ms Jackson:** If he had 14 staff—and you saw that day that he did—that would be some indication that his expenses on an annual basis would be quite high. Is that not fair?

**Hon Miss Martel:** Yes, that would be a fair comment.

**Ms Jackson:** In so far as the number he gave you was concerned, you had no basis to judge against whether it was a high or a low number or proper or improper?

**Hon Miss Martel:** That is correct. I had nothing else to judge it, only my experience in another dermatology office at another time, which was significantly smaller.

**Ms Jackson:** So at the end of his presentation, there are a number of questions in your mind. That seems to be one thing we can draw.

**Hon Miss Martel:** That is correct.

**Ms Jackson:** For which there are no clear answers to a lot of them. Is that fair?

**Hon Miss Martel:** That is right.

**Ms Jackson:** You were not particularly impressed with his political savvy in terms of how he had chosen to approach you and Floyd, is another thing I am taking from what you said.

**Hon Miss Martel:** That is about the best way to describe it. That is true.

**Ms Jackson:** Did you draw any other conclusions from that meeting or from—well, from Dr Donahue's presentation?

**Hon Miss Martel:** I asked him, because he had asked me for help, whether or not in light of the fact that he was going to be closing, he would be prepared to have a meeting with the Ministry of Health, and I would send a representative or come myself, in order that we could put all this on the table. I thought that was a legitimate request for me to make, given that he had certainly appealed to me to help him gain an exemption and given that from the side of the Ministry of Health, it appeared to me that they would be prepared to participate in that.

**Ms Jackson:** Was this a question you put to him in the course of his presentation?

**Hon Miss Martel:** Yes, it was.

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**Ms Jackson:** And what did he say?

**Hon Miss Martel:** I reminded him that he had sent me a letter, but the letter gave no indication with respect to what his practice was all about in terms of what salaries he was paying, what his rent was, did he have machinery, what the price of that in terms of an ongoing lease might be; on the other side, what would be his revenues coming in and where did he feel in all of this—

**Ms Jackson:** These are all things you told him you wanted to know?



**Hon Miss Martel:** Yes. I asked him if he would be prepared to have a meeting. I do not remember that he gave me an answer, because at that point in time the chair stopped and said, "Well, Miss Martel, I understand that you have to leave early and there are other doctors here who would like to make presentations to you before you go."

Having said that, before I left I did stop at his chair, which is at the back of the room. I knelt down beside him and I asked him again if indeed he would be prepared to have a meeting with officials from the Ministry of Health and a representative from my office and his accountants and whoever he needed with respect to financial people to come and talk about his case. He said he would be prepared to do that.

I asked him where I could find him in the next couple of weeks, because he had indicated that he was closing his practice. He said that if we needed to get hold of him, he would still be at his practice for the next two weeks because he and his staff were going to spend that time shutting down their operation and sending their files out to the referring physicians.

**Ms Jackson:** You may be aware of this: Dr Donahue gave evidence yesterday and he indicated that in response to that inquiry he was not quite as committal as you recall. He recalled saying, in effect, that he would be in touch or call back or something to that effect. Is it possible that he may have said that and that you are now recalling it a little more positively?

**Hon Miss Martel:** No. He made it very clear to me that he wanted a meeting. In fact, he said to me that he had been trying to have some discussion with the Ministry of Health for eight months and had not been able to have any communication with it. He made it very clear to me that he was prepared to have a meeting. In fact, he was prepared to have either myself or one of my staff people there at that particular meeting when he was to meet with the Ministry of Health. There was no hesitation on his part to agree to that.

**Ms Jackson:** Now, in between that conversation and the presentation by Dr Donahue, I take it there were some presentations by other doctors. Were there?

**Hon Miss Martel:** Yes.

**Ms Jackson:** I am not going to ask you to describe all those. Was there anything else that happened at that meeting that affected your knowledge of or view of Dr Donahue?

**Hon Miss Martel:** There was a point made with respect to technical fees. Dr Abdulla made it clear in his presentation that a number of the cardiologists would soon be over the threshold and that he was very concerned about the impact that would have on the delivery of cardiology care in Sudbury and the northeast.

At that time he stated that he had made a request for exemption. He also talked about being clear that we understood the differences in what was happening in their practice. He mentioned technical fees at that point in time.

Then I recalled that technical fees were in fact exempt from the agreement. I wondered how that might also impact on Dr Donahue, because it was my understanding that

he had machines in his office. I did not know what kind they were. I wondered if in fact some of the operation of that would also be excluded; therefore what he might be billing would be even higher.

**Ms Jackson:** So that is another question you have in your mind?

**Hon Miss Martel:** Yes, that is right.

**Ms Jackson:** And again no clear answer one way or another?

**Hon Miss Martel:** No.

**Ms Jackson:** Just something else you would like to find out about?

**Hon Miss Martel:** That is right.

**Ms Jackson:** As a result of this meeting, I take it one thing you concluded was that you wanted to find out a little bit more about what Dr Donahue's actual financial situation really was.

**Hon Miss Martel:** I certainly said to him clearly that either my staff or myself would make ourselves available for a meeting.

**Ms Jackson:** That was a fairly important piece of information, from your point of view. Was that fair?

**Hon Miss Martel:** Well, I thought it was, because I was making clear to him that I recognized he had a problem but that I had no sense of what the magnitude of that problem was. His letter to me referenced only the dermatological rate that one can bill for, which is somewhere in the order of \$49.60 for any procedure, but it gave no indication as to what any of his expenses were, staff, the whole thing that I have already gone through. So I could not make a clear judgement of the magnitude of the problem, whether or not he might be okay to continue to operate his practice while we tried to find a solution, which I thought might be the case given that the adjustments were not to take place in December. At that point I was still trying to figure out how we could help him even though I did have the concerns in my mind; that is quite correct.

**Ms Jackson:** What you wanted to know in terms of whether you should help him, just to summarize it, was what his real revenue was, what the underlying costs for that revenue were and whether, in view of the number of staff he has, he is delivering his services appropriately.

**Hon Miss Martel:** That is correct. I felt it was not untoward of me at the time to make that request to him that one of my staff or myself be there, because he has certainly come and asked us for help.

**Ms Jackson:** Fair enough. Did you come to any conclusion in that meeting about whether or not Dr Donahue was behaving candidly?

**Hon Miss Martel:** I still had a concern about why he would be making it quite clear to the public that he was being forced out of business and therefore was in essence going to leave the community when he had also made it clear publicly that he was opening a clinic somewhere else to provide electrolysis service.

**Ms Jackson:** That was the only question in your mind about candour at that point?



**Hon Miss Martel:** I think so.

**Ms Jackson:** Did you ask him?

**Hon Miss Martel:** No, I did not.

**Ms Jackson:** Why not?

**Hon Miss Martel:** Well, I was still in the process of asking him whether or not he would like to have a meeting, and was stopped from that, so my line of questioning did not go very far before I was interrupted by the chair of the medical society to say that clearly other people were there to make presentations, and in view of the fact that I could only stay for half an hour, they would like to get their presentations on the record with me too.

**Ms Jackson:** When you had your conversation with Dr Donahue on the way out, did you ask him then?

**Hon Miss Martel:** No, I did not.

**Ms Jackson:** Why not?

**Hon Miss Martel:** I do not know. I am sorry, I cannot answer any more than that. I was in a hurry to leave. What I was trying to get at that point was whether or not we could arrange a meeting. That seemed to be the most important point to me at that stage.

**Ms Jackson:** You indicated that by this point your office had been having a number of telephone calls in support of Dr Donahue. Was there any question in your mind, as a result of this meeting, as to whether that support might be misplaced?

**Hon Miss Martel:** Well, I did not get the impression from the people who were calling in that they knew he was going to be operating another clinic somewhere in town. Clearly what people were telling us was that (a) we were forcing him out of business and (b) he was going to be leaving the community as a result. The nature of their calls to us was to say: "What can you do to ensure that he stays in the community? We don't want him to leave."

**Ms Jackson:** Was there any concern in your mind at that point, as a result of what you had learned, that anything Dr Donahue was doing was illegal?

**Hon Miss Martel:** No. I wondered what the relationship of his staff to him was and to the nature of the work, but I had nothing to compare it to. "Illegal" would be a bit harsh. The question that would come later to me was whether it was proper or not in terms of the delivery of health care, but I do not think that concern was well out in my mind yet.

**Ms Jackson:** Well, you did indicate you had a concern about whether he had too many staff or what he was doing. Was that a question of the propriety of the delivery of health care?

**Hon Miss Martel:** Well, "illegal" is—

**Ms Jackson:** No, I am not—

**Hon Miss Martel:** I do not think the word "illegal" came to my mind.

**Ms Jackson:** No, no, but you say you later developed a concern about the propriety of the way he was delivering health services.

**Hon Miss Martel:** Mm-hmm.

**Ms Jackson:** I took from your earlier evidence that the beginning of that concern was this day.

**Hon Miss Martel:** Yes, it was, but there were other conversations that people had with me with respect to the practice that seemed to form it more clearly in my mind that I felt that there was something wrong about what was going on. But I did not have as much information then as I did later on because we continued to be contacted by people who then were also describing to us when they visited and when they did not and who they saw when they went. So I would have to say that it was later on that I felt more firm about that question.

**Ms Jackson:** You mentioned that you had seen Kim Morris the night before when you arrived. Was Kim Morris with you on November 15 when you went to the two meetings you have just described?

**Hon Miss Martel:** Yes, she was at the meeting ahead of me when I arrived, and that was in Warren. I arrived late; she had been there—

**Ms Jackson:** No, I am sorry, I mean the two meetings. You mentioned a meeting with the Steelworkers and then a meeting at Civic Square. Was she at either of those meetings?

**Hon Miss Martel:** I am sorry, we had two meetings that night. I thought that was what you were referring to. No, she was not. Andrea Valentini was with me only at the meeting at the region. She was not at the earlier meeting with the Steelworkers.

**Ms Jackson:** When did you next see Kim Morris, then?

**Hon Miss Martel:** That afternoon at about 4:30. We had had a clinic prepared already for the community and she was at the municipal office when I arrived because there had been some constituents there waiting for me. That clinic was from 4 till 6 and there was no discussion really about how the meeting went, because there were people there who were waiting to see me already.

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**Ms Jackson:** I think you did already indicate this morning that you recall having some conversation with Ms Morris that evening about 6 to 7 o'clock concerning Dr Donahue.

**Hon Miss Martel:** Right.

**Ms Jackson:** What do you recall of that conversation?

**Hon Miss Martel:** We were at her parents' home and we were having dinner there before a meeting at 7. There was a clip on TV from MCTV with respect to the meetings that afternoon. Dr Donahue came on first and he said at that point that he felt he was the thin edge of the wedge. I remember saying aloud, "But you're not leaving the community." That is the one thing I remember saying: "You're not leaving the community. You're opening up another clinic. Why are you giving the impression to the public that you're going anywhere?"

**Ms Jackson:** Is it fair to say that the clear impact of what you were saying was that what he was saying on television was misleading?

**Hon Miss Martel:** That is correct.



**Ms Jackson:** Do you recall saying anything else about him?

**Hon Miss Martel:** That is the clearest thing in my mind. I remember saying that because I remember saying it out loud as I was watching TV, and her parents were also sitting in the room with us. I cannot recall whether I relayed to her any of the information I had learned earlier on, although I may well have. I cannot recall one way or the other if I did or did not.

**Ms Jackson:** Is it possible that you would have raised the concerns that were starting to develop about the propriety of the way he was delivering services?

**Hon Miss Martel:** Given the intensity of the meeting that afternoon, I would agree with you that it is possible I did do that. If you are asking me for the exact words, I cannot give them to you. I do not know.

**Ms Jackson:** Is it possible that you expressed some disapproval of the way he had conducted himself at that meeting?

**Hon Miss Martel:** That is possible, yes.

**Ms Jackson:** Is it indeed likely?

**Hon Miss Martel:** I would have to err on the side of yes. I was late getting there and so obviously it had been a much longer meeting than we had thought. I think in the normal course of events she would have asked me how it had gone and I—

**Ms Jackson:** Were you reasonably angry as a result of that meeting?

**Hon Miss Martel:** I would say that I was pretty frustrated by the whole thing. I think at that point I felt we were not being treated fairly in terms of what we were being asked to do as MPPs with respect to Dr Donahue's case in particular.

**Ms Jackson:** Because of the time frame?

**Hon Miss Martel:** That is part of it, and because as well, letters were coming into all our offices saying he was going to close and yet I knew—I cannot speak for Floyd or Sharon—that in all likelihood he was not leaving the community. That was certainly the impression he was leaving with the broader public, hence a whole bunch of calls into our office about what we were going to do to keep him. I thought, in those two cases for sure, what he was saying to the public and what I knew at least were two different things.

**Ms Jackson:** I want to ask you specifically about the procedure for handling telephone calls on this issue during that week in your office. We talked a little about that this morning. I want particularly to ask you to focus on the day of the 15th around lunchtime. Can you describe the routine, as you understand it, for calls that came in that week and in particular on the 15th dealing with Dr Donahue?

**Hon Miss Martel:** Staff had set up, and have had in place for some time, a system whereby the receptionist/typist answers the phone calls that are coming in and takes the information from the constituent with respect to whatever the case happens to be. The receptionist/typist does not do the case work, therefore I would not expect

her, nor would I want her, to be making any comments on any case that people are calling in about. The procedure we have had in place and the procedure that I understand was followed in this matter as well, was that if people called with comments about Dr Donahue, strictly saying, "This is how I feel; I want you to let Miss Martel know," that would be written down.

If, however, people called and wanted to know more information or wanted to know specifically what I was trying to do about it, then the receptionist/typist would pass the information on to Kim Morris, my constituency assistant, and Kim would contact the people and ask them what their concerns were. She had been given, by me on the 14th, indication of what I wanted her to say, which was, as I have already mentioned here, three items that I do not think I need to go through again. That was all she had been instructed to say and was to reassure people that we were doing the best we could to try to find a positive resolution.

**Ms Jackson:** If Ms Morris were out of the office and somebody called in with the kind of request for information or request for an opportunity to speak that would normally be directed to Ms Morris, what would happen?

**Hon Miss Martel:** The message would be left on her desk and it would be there until she got back to respond to it. No one else would respond to it.

**Ms Jackson:** So as you understand it, the only person who would deal with these inquiries, beyond simply taking down a name and a message, is Ms Morris.

**Hon Miss Martel:** That is correct.

**Ms Jackson:** In terms of the record of the calls, that is made by whom?

**Hon Miss Martel:** The incoming calls are written down by the receptionist/typist. At that point in time, the receptionist/typist who was in the office was a woman by the name of Monique Lavigne. She is off on pregnancy leave right now, but she was the one that would have been answering the majority if not all of the calls with respect to the incoming calls. We were also at that point training a Futures student who had been working in my office, but she was answering very few of the calls on the phone at that point. She was learning how to use the computer, learning our filing system etc, so we did not have her on the phones at that point.

**Ms Jackson:** In any case, when somebody called in with a comment or a view on, say, the Dr Donahue issue, a note of that person's name and address would be taken.

**Hon Miss Martel:** That is correct.

**Ms Jackson:** Is that done by subject? That is, people who would call on Dr Donahue go on one list and people who would call on another issue go on another list?

**Hon Miss Martel:** We have case forms—I am sure all of us do—which list information with respect to who is calling, the name and address, telephone number etc, and at the bottom of the case form there are comments.

In this particular instance, because we started to get a large number of calls, they began to input that into the computer and to have a running total every day of who



was calling in and what their comments were. Some people called in and refused to leave their name and address, but by and large the majority called in were prepared to leave all that information.

So they had two sets of information. One was a running total day after day, and on lined sheets, not case forms. Because we were getting so much on a particular issue, they put it on to lined sheets as well and kept a running total that way on a daily basis.

**Ms Jackson:** All right. You have been good enough to provide us with copies of the running handwritten lists starting on November 12. May I ask that those be distributed and a copy put in front of you and ask you to identify those as the handwritten records of the calls concerning Dr Donahue by people who were prepared to identify themselves. This would be for the period November 12 to November 26.

**The Chair:** Those will be marked as exhibit number 106.

**Ms Jackson:** If we turn to November 15th, in the middle of the package there is a series of different pages there. On what appears to be the second page for that day, we see the name "Susan Majkot."

**Hon Miss Martel:** Mm-hmm.

**Ms Jackson:** That would mean she called the office on November 15th.

**Hon Miss Martel:** Correct.

**Ms Jackson:** From what you have said and as you know, Susan Majkot has testified that she did call your office on that day, that she indicated she wanted to talk to you about Dr Donahue, that she was told you were not there and was asked if she would like to speak to someone whom she understands to be designated as administrative assistant.

First, let me ask you if you have anybody who is called an administrative assistant.

**Hon Miss Martel:** No, we do not.

**Ms Jackson:** From what you say about the procedure in your office, whom do you understand she would have been referred to?

**Hon Miss Martel:** Kim Morris, because Kim Morris was the only person who had been told what to say on the phone and would have responded.

**Ms Jackson:** I know you were not there for this telephone call, so I am not going to be asking you for any personal knowledge; you do not have any. But I think in fairness I have to give you an opportunity to deal with Ms Majkot's evidence to the extent you may be able to.

She has said she was told by the person to whom she spoke, who, if we understand the procedure correctly, should be Kim Morris, that Dr Donahue has been practising illegal billing procedures: "I said, 'pardon?' and she said, 'Dr Donahue is billing illegally and we have the documentation to prove it.'" She further says that she was told, "When the public becomes aware of what he is doing they won't be so supportive towards him."

Do you have any comment on that evidence?

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**Hon Miss Martel:** I find it hard to believe. We do not have an administrative assistant in my office. The titles that we use are "constituency assistants." I do not have an administrative assistant anywhere in any of the offices that I have. Second, Ms Morris was given clear instructions from me on how to respond to phone calls that were coming in, and I have already indicated to you what she was told to say to people. Third, there was absolutely no documentation in our riding office or any other office at that point in time. What was in the constituency office were calls coming in from constituents. There was no other information there at all and there never was during the whole course of this matter. The dealing of this matter was all done in the Toronto office between myself and David Sword.

**Ms Jackson:** Well, the committee will have an opportunity to hear from Kim Morris directly, and I think we had better leave that incident at that.

Let me pick up, then, from the point at which you spoke to Dr Donahue and he indicated, in your recollection, that he was prepared to meet with someone from the ministry and with someone from your office.

I am sorry. I meant to do something with respect to that meeting which I have neglected to do. You have provided me with some notes that you made of the meeting of November 15 and indeed other notes that you made during this period, and before we progress I think it would be appropriate to mark those notes. Mr Chairman, perhaps we could mark those notes as the next exhibit.

**The Chair:** Those notes, as distributed, will be marked as exhibit 107.

**Ms Jackson:** Ms Martel, what we have here are your handwritten notes. In every case the page in front is a typed transcription of those handwritten notes. What I understand these to be are the notes that you made in relation to Dr Donahue, the threshold issue in Sudbury, and I guess what we might call the Thunder Bay incident between November 15 and December 19, is that correct?

**Hon Miss Martel:** Yes. These are all of the notes that I had taken throughout the whole period.

**Ms Jackson:** Now, the first page relates to the notes you made of the meeting of November 15 that we have discussed, is that correct?

**Hon Miss Martel:** That is correct.

**Ms Jackson:** Now, there is no indication on those notes about the reference to Dr Donahue having reached his cap three months ago, but you have also provided us with some notes made by I think both Ms Valentini and Ms Wyers, and perhaps we could mark those two as the next exhibit and we will deal with what they say on that point.

**The Chair:** The notes as distributed will be exhibit 108.

**Ms Jackson:** Those are the notes that have a page reference on them, page 153, which I understand to be the notes of—do you know whether these are Ms Wyers's or Ms Valentini's notes?



**Hon Miss Martel:** Just let us take a look at them.

**Ms Jackson:** I think these are Ms Wyers's notes. Those will be exhibit 108, and the notes of Ms Valentini, which run to two pages, will be exhibit 109, and both Ms Valentini's and Ms Wyers's notes reflect Dr Donahue's statement that he had reached his billing cap three months ago, correct?

**Hon Miss Martel:** That is correct.

**Ms Jackson:** Then just staying with your notes, because they may be of assistance, what then did you do in relation to the proposed meeting between Dr Donahue, your office and the Ministry of Health?

**Hon Miss Martel:** Before I left the room I explained to Dr Donahue that I would have someone from my staff contact him to make arrangements for the meeting. In that regard, when I got back to Toronto I made a note up for my assistant, MaryLou Murray, and asked her if she could contact Michael Decter as soon as possible in order to have this meeting arranged. As I understand it, that request was given to David Sword, my policy assistant, and he went about making those arrangements.

**Ms Jackson:** All right. Now, the note that you left for MaryLou, or a typed transcription of it, is contained five and seven pages into exhibit 107. Is that right? The page that starts, first of all, "MaryLou—Nov 18/91—urgent," and the second page of those notes that says, "I think we absolutely have to have a meeting," and carries on; those two together are the note you wrote MaryLou.

**Hon Miss Martel:** I see how you have done it. Yes, they are.

**Ms Jackson:** And that is a note that you wrote on the Sunday evening following—pardon me. I guess this would be the Monday following the meeting.

**Hon Miss Martel:** Right.

**Ms Jackson:** And you start by saying, "Needless to say, the Friday meeting with Sudbury OMA people and Dr Donahue left a lot to be desired." Why did you say, "Needless to say"? That sounds as though you expected it to be less than desired. Is that what you meant?

**Hon Miss Martel:** Pardon me?

**Ms Jackson:** Is that what you meant?

**Hon Miss Martel:** I am not sure, Mrs Jackson. I cannot tell you one way or the other why I used that phraseology.

**Ms Jackson:** Okay. And then you report the remarks you have already told the committee you made.

**Hon Miss Martel:** Mm-hmm.

**Ms Jackson:** And his response, and then on the next page you indicate who should attend at the meeting, and I think I must give you some opportunity to clarify the comment, "not just with rinky-dink lower MOH staff."

**Hon Miss Martel:** My apologies to the staff at the Ministry of Health, because at the time I thought it was a serious matter and I was not interested in having it shuffled off somewhere and not dealt with. It was not the most appropriate thing to write down and I should give my apologies to the ministry staff over there because they did not deserve that.

**Ms Jackson:** Well, all you mean, I take it, by that is that it is important that somebody at a senior enough level deal with this matter.

**Hon Miss Martel:** That is correct, but it could have been said in a better way and it was not.

**Ms Jackson:** Very few people probably assume their notes are going to end up being examined in these kinds of circumstances. Now, when you say in the second point there, "MOH needs to bring his billing list with them," what did you mean by that?

**Hon Miss Martel:** That whatever information they had with respect to what his revenues were should come to this meeting as well so that could be matched against whatever his costs were.

**Ms Jackson:** And then you say in the next point, "There is more to this than meets the eye and the ministry needs to get at it all." What did you mean by that?

**Hon Miss Martel:** That at that point in time I had also read the newspaper articles from over the weekend, on the Monday morning, and I had some real concerns with respect to him being over the threshold already at that point, and if you took that on an annualized basis, that was a pretty significant income coming into that particular office; second, that I did not understand why he would be into an operating line of credit at that point if in fact there had been no adjustments made, and my understanding was that no adjustments would be made until December. So I had trouble understanding why he was into an operating line of credit at all, because my understanding at that point was he was getting back, dollar for dollar, what he was billing.

I had questions that came over the weekend, which we have not talked about yet, with respect to the nature of the practice, because certainly at a function that I had been at on the Saturday night, there were a number of people who talked to me about the practice and about whether or not people who went were in fact seeing Dr Donahue himself, seeing others, if there was supervision or monitoring etc. So I had some concerns about how the delivery of health care was going on and what the supervision was or if there was any supervision, and as a consequence of that, if there was no supervision, what kind of fees were being billed to OHIP as a consequence, whether a full dermatological rate would be applied or whether or not there was a lesser rate that would be applied if in fact a staff person was carrying out the work and not the doctor himself.

1500

**Ms Jackson:** All right. The first two things you mentioned were the level of fees you had calculated he must be receiving—that, is the \$1.2 million you calculated on Friday—and the next thing that you could not understand was why he would be having a cash-flow difficulty at this point in the year, since the adjustment had not been made, and you had that issue in your mind on Friday. You have said as well that there was a further question raised by a function you attended on the weekend. Can you explain how that came about? What was the concern that was raised and how did it come to be raised?



**Hon Miss Martel:** Okay. On that evening, the Steelworkers held what is an annual health and safety dinner to which we are always invited. I went, my father went with me, and John Rodriguez, the MP for Nickel Belt, was there. Both Floyd Laughren and his wife were there. John and I and my father sat at the same table; Floyd and Jeanette were at another.

Very early on in the conversation, people who were at the table mentioned that they had seen the newspaper articles which were in the paper that night. There had been newspaper articles as a result of the meeting that went on and that appeared on the 16th in the Sudbury Star. There had been another article on the 15th and one on the 12th. Most people at the table had seen all of them at that point. So there was a general discussion that was going on about what did this all mean, whether or not the threshold was fair or unfair. So that was what happened.

There were a couple of people who approached me particularly to express their concerns either for Dr Donahue and having him remain in Sudbury, or frankly in favour of the government policy of the threshold and urging us not to change it. I will try to go through those as best as I can recollect them.

There was a woman who was sitting across from me who talked about the practice in the terms that her understanding was that there were 14 staff, and she presumed that most of them were women. Her concern was whether or not in fact those women were being exploited. I found that a strange term to use; no one else had expressed that to me. She went on to state that she wondered whether or not a number of the staff were in fact doing work that should have been done by Dr Donahue, whether or not there was any supervision or monitoring of this work, but further and more specifically to the term "exploitation," whether or not he would be billing for work that they did at a full rate and yet paying them far below whatever that rate would be.

She was the only person either then or as this whole thing unfolded who had that perspective to the matter, and during the conversation she used in fact a figure of \$12 to \$13 and related that to a higher dermatological fee, which she did not give, she did not know. Her question was quite around wondering if they are getting paid anywhere near the amount of money that he might be allowed to bill OHIP for that practice or procedure.

**Ms Jackson:** She asked the question. Did she indicate she had any information about what they were being paid?

**Hon Miss Martel:** No, she did not, and she did not give any indication, to my recollection, that she knew personally of this circumstance.

**Ms Jackson:** So she is simply raising a question?

**Hon Miss Martel:** That is correct.

**Ms Jackson:** At that point, so far as you knew, she had no answer to it, and certainly you had no answer to it?

**Hon Miss Martel:** That is correct.

There were several other people, at least three, who stopped me. The second would have been—this was after the dinner was over but before the dance started—a couple who stopped me to say that their daughter was seeing Dr

Donahue and she was being treated for an acne problem and they were very pleased with the success of that and would hope that I could do anything within my power to ensure that Dr Donahue could stay in the community.

There was another gentleman, who was by himself, who stopped me and said that we should stick to our guns and we should not open up the threshold at all, because he did not think that people should be allowed to bill dollar for dollar after \$400,000. He thought that was quite a bit of money, and if you got paid two thirds and a third after, that was sufficient.

The other couple that I remember was actually a couple from Toronto who were up for the dinner, and they mentioned to me that they had read about it in the paper that day and wondered as well what the 14 staff were doing. To the best of my recollection, those were the comments that I received on the Saturday night at the dinner.

**Ms Jackson:** So in terms of any actual information about Dr Donahue's practice, the only information you gained on that occasion was that one pair of people who were in support of Dr Donahue had a child who is being treated for acne, and the rest were comments on Dr Donahue's practice that had no apparent factual foundation, is that fair?

**Hon Miss Martel:** Correct.

**Ms Jackson:** When we take that in combination with his income level as you had calculated it and in combination with the question in your mind about cash flow, that is why you say in this note, "There is more to this than meets the eye"?

**Hon Miss Martel:** No, because there was one other piece of information or two. There was another call that I received on Sunday at home. It was not with respect to financial matters but a constituent who indicated they wanted to start a petition to have Dr Donahue leave. The note on the answering machine only said that their neighbours next door were in fact taking their daughter to be treated for blackheads, and he did not think his OHIP dollars should be paying for that. That was on my answering machine on Sunday.

But what I did read on Monday morning was a transcript from an interview that Dr MacMillan had had with CBC Sudbury on the Friday. In that article, I remember Dr MacMillan saying very clearly that Dr Donahue could have parts of his practice which could have been done in a hospital or in a physician's office and not at his office. Given who Dr MacMillan is, I guess I assumed from that that there was something about the practice that he knew which suggested that indeed was the case or should be the case. So I had a question in my mind as to what that reference was to: Was in fact everything that was going on in that office—was there not a possibility it could have been done somewhere else, if in a physician's office, for example, probably cheaper? Because the rate that a physician would bill for a procedure would be less than a dermatologist.

**Ms Jackson:** That interview you are referring to is the one you would find at exhibit 15 in those volumes, is it? It is an interview of November 15 on CBC radio, Morning



North, an interview with Dr MacMillan. That is the interview, is that correct?

**Hon Miss Martel:** Yes.

**Ms Jackson:** And the comment I take it you are referring to is the one on page 4, about three quarters of the way down, where he says, "And indeed much of what Dr Donahue is doing could probably be done by local hospitals and other physicians," is that right?

**Hon Miss Martel:** That is correct.

**Ms Jackson:** What I take Dr MacMillan to be saying there is that if Dr Donahue leaves, some of these services will probably be picked up by others, correct?

**Hon Miss Martel:** Well, if I can go back to my interpretation—

**Ms Jackson:** Sure.

**Hon Miss Martel:** My interpretation in reading that was that he had some knowledge that there were things that could be done elsewhere and not in that dermatology office. I did not put it in the context that if he leaves, someone else will pick it up.

**Ms Jackson:** He is not specifically addressing here which is the better mode of delivering the service, correct, which is the cheaper way of delivering the service?

**Hon Miss Martel:** No.

**Ms Jackson:** Do I understand you to be concluding that it would be cheaper to deliver the service this way than through Dr Donahue's office?

**Hon Miss Martel:** It would be my understanding that if you were doing a procedure in a physician's office, the cost of that in terms of the procedure that would be billed to OHIP would be less than in a dermatology office, because it would be a specialist's versus a physician's rate. There would be a distinction between the two rates.

**Ms Jackson:** And you assume that the physician's rate would be lower?

**Hon Miss Martel:** That is correct.

**Ms Jackson:** Do you know that?

**Hon Miss Martel:** In terms of the agreement itself, I do recall a conversation that was had before any of this started, and I do believe it came in the context of the negotiations, that there had to be a change in the differential as well between physicians and specialists, and that would be something the OMA and the government would have to look at in the future. So I have continued to have an impression that there is a differential and that the specialist would be making more. If you are asking whether I confirmed it as a result of this interview, no, I did not.

**Ms Jackson:** In terms of whether it would be cheaper to deliver it in a hospital, do you know if it would or would not?

**Hon Miss Martel:** No. My only thought at that point would have been that if it was done on an outpatient basis, the global budget of a hospital would have already picked that up. There would not be an additional charge to OHIP for that.

1510

**Ms Jackson:** All right. With respect to this call in the afternoon about the person who was going to circulate a petition, did he give any other reason for circulating a petition against Dr Donahue apart from the fact that his neighbour's child was being treated for blackheads?

**Hon Miss Martel:** No, he did not.

**Ms Jackson:** Is it fair that that did not figure very heavily in anything you thought about Dr Donahue?

**Hon Miss Martel:** No, that is correct, except that again you would wonder whether or not acne treatment could not be done in a physician's office.

**Ms Jackson:** You would wonder, but you would not really know until you knew how serious the acne was, I guess. Is that fair?

**Hon Miss Martel:** That is correct.

**Ms Jackson:** This is not a big item in terms of how you came to think about Dr Donahue, I assume.

**Hon Miss Martel:** No. I think the impression I had been left with with respect to his income was probably a little more important than this. That is correct.

**Ms Jackson:** Have we now covered everything that deals with why you in this note say, "There is more to this than meets the eye"?

**Hon Miss Martel:** I think so. I read the newspaper articles that had come from the week before on the 12th and Dr Donahue's own interview on the 13th on that morning, but I do not think there was any new information that had been given. The newspaper articles reaffirmed what he had told us at the meeting, which was that he had reached his threshold about three months ago.

**Ms Jackson:** Let me finish off this note and what you did about the meeting, and then I will give you some press reports to take a look at while we take a quick break, and then maybe we can have you just confirm that they did not make any difference to your view.

**Hon Miss Martel:** Okay, sure.

**Ms Jackson:** So this matter is left that MaryLou is to take steps to try to arrange a meeting with Dr Donahue. What happened with respect to the setting up of the meeting?

**Hon Miss Martel:** It was actually David Sword, my policy assistant, who took charge of that, and he spent a great deal of time trying to arrange this meeting. My understanding is that he called Larry Corea first to advise that I had made this offer to Dr Donahue and to get some advice from Larry as to whom he should talk to in order to try to arrange the meeting and who should be there. Larry Corea instructed him to call Dr MacMillan and suggested to him that Dr MacMillan would be the point person for the ministry on this particular issue. So Larry called Dr MacMillan, introduced himself, explained who he was and the nature of the call, which was I had made a commitment, or an undertaking, to try and have a meeting. Dr MacMillan indicated to David that that was fine, that he could go ahead, talk to Dr Donahue, get confirmation from him that he was indeed prepared to attend a meeting and



then to call him back and they would make arrangements for when that could occur.

David undertook to make some calls and did speak to Dr Donahue on several occasions, and he would come back to me and tell me what the results of those conversations were. To the best of my recollection, at the end of the week, around the 22nd, which was the Friday, or on the Monday, David had spoken to Dr Donahue at that point. He identified himself, said he was calling with respect to the conversation that Dr Donahue and I had had on November 15. He also told him he had talked to Dr MacMillan and Dr MacMillan was prepared to attend a meeting, and he asked if Dr Donahue was in fact prepared to have a meeting. Dr Donahue indicated clearly to David that yes, he was prepared to do that. David then asked him if it would be okay again if either myself or he attended, and Dr Donahue said that was fine.

David left that conversation, telling him that he would make the arrangements and call him back when that was in place. So my recollection was at the beginning there was no hesitation at all and he was quite prepared to have a meeting and that he also understood that Dr MacMillan would be there.

In the week of November 23 to about November 28, there was a significant change in Dr Donahue's attitude with respect to attending a meeting. David called him back to tell him that we were still working on trying to have a meeting, that at that point the Ministry of Health would be sending both Dr MacMillan and, we thought, Dr LeBlanc to Sudbury on December 5 for a meeting with the general medical society and to ask if Dr Donahue would be prepared to meet before that particular meeting so they could sit down and have a quiet conversation with him about the details of his practice and the premise upon which he needed an exemption.

It was in the second call that he felt he started to see Dr Donahue waver and that he was not as committed at all to wanting to have a meeting. However, David asked him if he would be prepared again to meet before the 5th. He said that he thought he would but he just was not quite sure, and in fact he noted much less support for that request than he had had on the first call.

On the morning of the 28th, David received a call from Dr MacMillan, and Dr MacMillan advised that he had just received a call from Dr Donahue, and Dr Donahue in fact did not want to have a meeting at all, did not give any indication. At that point, Dr MacMillan was also making arrangements with me for the meeting of the 30th, but that is another snippet that is probably not important right now.

David called Dr Donahue and did not tell him that he had already known that he had called Dr MacMillan. He called and said: "I am calling to reconfirm that you are going to attend. We are going to try and have the meeting on the 5th. Is that all right?" Dr Donahue told him at that point no, he did not want to meet, he did not think that he was the focus of the issue any more, he did not want to be the focus, that the real question and the real issue was service; that he wanted to maintain a low profile and he did not want any more media attention, and that he did not at that point want to have any other meeting.

David pressed him on it because, frankly, he had asked for a meeting and we were going to go the full route to get it. I thought that was part of the responsibility that I had as an MPP, and I also wanted to be able to say to my constituents: "Look, I went the whole mile on this. I did the best I could to try and facilitate this." So David said again: "Are you sure? We can make arrangements." He said to us at that point that he would let us know; he would let our office know.

On the weekend, there was a huge spread in both the Sudbury Star and Northern Life about Dr Donahue closing his office on the Friday, and he did not tell David when he talked to him that indeed his office was going to be closing down, that he was going to be in fact having a press conference the next day to announce that. He said in the paper that he would have made more money running a Mac's milk store, and also said very clearly in the article that he felt no one in the south understood his concerns. David took offence to that because he thought he was trying to do everything he could to try and facilitate a meeting. He called him on the Monday morning, which would have been December 1 or 2.

**Ms Jackson:** December 2.

**Hon Miss Martel:** December 2, and said to him: "Look, I saw the article in the paper. I thought you wanted to maintain a low profile, and if you had wanted to maintain a low profile, this is a strange way of doing it." Dr Donahue said again he did not think he was the focus etc etc. He again reconfirmed that maybe he would be prepared to meet, maybe on the 6th, but in no way, shape or form was he prepared to have the meeting on the 5th. We were trying to arrange a meeting on the 5th because we knew Dr MacMillan could not be there on the 6th, and we also knew that they did not want to come up and down and up and down to Sudbury, that they would be there on the 5th already for a meeting with the broader medical society.

But as we left it, after that Monday, Dr Donahue absolutely did not want a meeting before the 5th, and perhaps he would entertain a meeting on the 6th, but he would let us know. We did not hear back from him after that point.

**Ms Jackson:** Did anyone ever pursue the possibility of meeting with him on the 6th?

**Hon Miss Martel:** No, because we had left it at that point in his hands. David had called him at least three if not four times at that point. Frankly, he was pretty frustrated, and I was pretty angry that all the work we had put into trying to accommodate Dr Donahue's request for a meeting had been turned down flat by him at the end of the day.

I guess if I was to make a comment about how I felt on November 28, when David called me to say, "Dr Donahue doesn't want a meeting any more; what should I do?" frankly, I was quite angry because at that point I felt like I was being used. He had written to me. He had asked me specifically for help. He had said, even in his letter to me, that he would be prepared to discuss that at any time in a phone call, meeting or however I wanted to discuss this matter with him.

I had made a commitment to him at the November 5 meeting. He seemed quite intent on having a meeting be-



cause he had told me that he had not talked to anyone from the Ministry of Health for eight months; no one wanted to talk to him; no one wanted to deal with this matter. I think we went full tilt trying to make those arrangements, and at the end of the day, for whatever reason; I guess my feeling at that point, given I was learning more information, I really wondered why he did not want to come and what it was that he was so worried about that would make him not want to come to a meeting with one of my staff, the Ministry of Health, himself and his accountant. I guess it is very safe to say and fair to say here that I had some pretty serious suspicions about what was wrong that he would not want to come and do this.

**Ms Jackson:** All right. Mr Chairman, this might be the time to take a break.

**The Chair:** Yes. We will take a 15-minute recess.

The committee recessed at 1520.

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**The Chair:** We will call the Legislative Assembly committee to order and I will invite Ms Jackson to continue questioning.

**Ms Jackson:** Ms Martel, you have made reference to the fact that over the weekend of November 16 and 17 and shortly thereafter there was further press coverage of Dr Donahue that you became aware of, and I would like to review that with you. You may have your own marked copy. For the committee purposes I am looking at exhibit 94, which is the package of media reports we marked yesterday.

First of all, there is a report in the Sudbury Star of November 12, 1991, which is page 10 in exhibit 94. I understand that is one of the stories that came to your attention, Ms Martel?

**Hon Miss Martel:** That is correct.

**Ms Jackson:** And what did that contribute to the growing impression that you had of Dr Donahue?

**Hon Miss Martel:** I would have to say that there was not any new information in that particular article that struck me. I knew already, because he had told us at the meeting on the 15th, that he had been operating for the last three months above the threshold.

Second, he had already intimated very clearly that he was going to leave the community. So the statement with respect to he has got to leave Ontario, "I'm going to the United States," confirmed what had been coming out of his office from his patients, and certainly confirmed the impression that was in the community that he was, in fact, leaving.

**Ms Jackson:** And then over the course of that period you read, as I understand it, the transcript of his interview of November 13, which has been marked as exhibit 11 in these proceedings?

**Hon Miss Martel:** Correct.

**Ms Jackson:** And what did that contribute to your knowledge or impression of Dr Donahue?

**Hon Miss Martel:** He made a reference with respect to his operating costs and the reference there was quite

different than the one he had provided to us at the meeting of November 15.

**Ms Jackson:** On the second page of that transcript he says, "My operating expenses are at the upper limit of the cap." Is that the reference you are referring to?

**Hon Miss Martel:** That is right. He had told us at the meeting—and I had it written down in my notes, as had others—that his operating costs on a monthly basis were anywhere between \$60,000 to \$100,000. Here, what I am reading from that is his operating expenses on an annual basis are at the threshold, which would have been \$400,000. If you take those calculations—and I did—and work them out to try to figure out how much his operating expenses are in relation to what is in the back of my mind as the amount of money he is taking in, there is quite a discrepancy. It goes from him making zero dollars anywhere up to \$800,000 after the expenses are paid. That is quite a significant difference, in my mind, or some significant changes in information based on what he had given us in a meeting and what appeared here in this particular article.

**Ms Jackson:** When you say there was \$800,000 afterwards, I take it you are taking the \$1.2-million revenue number that you had inferred from the information he gave you on the 15th?

**Hon Miss Martel:** That is correct. That is the basis I used to compare for each of the figures, the \$60,000 and the \$100,000.

**Ms Jackson:** And you are assuming that this statement on page 2 is an indication that his annual operating costs are about \$400,000?

**Hon Miss Martel:** Yes, I am.

**Ms Jackson:** So you are assuming a net of about \$800,000?

**Hon Miss Martel:** That is correct.

**Ms Jackson:** And you are saying that the \$400,000 is inconsistent with saying his operating expenses are \$60,000 to \$100,000 a month?

**Hon Miss Martel:** That is right. It does not work out if you do the arithmetic on it. Even at \$60,000, if that was the limit, he would be in a position of making a profit, but significantly less. If in fact his expenses on a monthly basis were \$100,000, basically he would not be earning a cent, because everything that was going out would be eaten up and he would be operating his office for a zero-dollar profit.

**Ms Jackson:** In fairness to him, if he is giving you an estimate of \$60,000 to \$100,000 of his operating costs, it is fairly clear he is giving a fairly wide and ballparkish type estimate at the meeting.

**Hon Miss Martel:** Yes, but if you match that against the reference to the fact that his operating expenses are at the level of cap, which I took to be \$400,000, because that was the cap, even the information of the \$60,000 to \$100,000 matched against operating expenses of \$400,000 leaves you with a lot of variation between the figures.



**Ms Jackson:** Although looking at that now, would you agree that one other possible interpretation of what he is saying is that his operating expenses since the beginning of the fiscal year have reached the level of the cap? In other words, he does not say here that his operating expenses are being calculated on an annual basis.

**Hon Miss Martel:** No, he does not.

**Ms Jackson:** And if that is true, we would be talking about operating expenses over a six- or seven-month period by November from the 1st of April?

**Hon Miss Martel:** Right, that is correct, if he is going back from April 1.

**Ms Jackson:** So if that is what he means, that would not be inconsistent with what he told you on the 15th. Operating expenses of \$400,000 over a six- to seven-month period is not inconsistent with the operating expense number he gave you on November 15.

**Hon Miss Martel:** Sorry, would you mind doing that again?

**Ms Jackson:** I have just done that calculation now and I may be doing it incorrectly. If this statement is meant to refer to his operating expenses from the beginning of the fiscal year, that is, his operating expenses over April, May, June, July, August, September, October and perhaps part of November—so seven months or so.

**Hon Miss Martel:** Right, okay. Sorry. I see what you are saying.

**Ms Jackson:** And that would indicate annual operating expenses of over \$700,000, perhaps in the \$800,000 range, which was consistent with what he told you on November 15.

**Hon Miss Martel:** If everything was in the lower range. He did not give us an indication other than anywhere between \$60,000 to \$100,000 at that particular meeting, monthly. If it was in the \$100,000 range anywhere, consistently month after month, he would not be making anything and then I would wonder why he was operating. The best I can tell you is I took from this article that that meant an annual figure. That was my interpretation. I did not think he meant, when I read it, that he was referring only to the time that he had been in operation, from the start of the agreement, which would have been April 1, until the time we were meeting with him, November 15.

**Ms Jackson:** I understand that; that is clear. As you look at it now, do you agree it is susceptible of the other interpretations? I understand that was not the interpretation you had.

**Hon Miss Martel:** It is a possibility. Mm-hmm.

**Ms Jackson:** All right. Then you as well, as I understand it, became aware of an article in the Sudbury Star on November 15, which would be found in exhibit 94 at page 13. This is the article that is entitled, "Sudbury MDs Protest Billing Cap."

**Hon Miss Martel:** Mm-hmm.

**Ms Jackson:** What did that contribute to your growing body of information or impression about Dr Donahue?

**Hon Miss Martel:** I do not think there was any change, because the figures were off at the bottom. I mean, he told us \$138,000. He said \$129,000 in the paper that day, but he had used the figure \$150,000, and that was consistent with both this article and the meeting we had had on the same day. So I do not think I can say that there was anything new in this article.

**Ms Jackson:** Then as well there was a broadcast on the CBC on November 15, which is found at page 41 of exhibit 94. It does not actually contain an interview with Dr Donahue, but comments are made about him, and in particular the statement, "He reached his \$400,000 limit three months ago." Were you aware of this interview—or broadcast, pardon me?

**Hon Miss Martel:** It did not make any changes, because he confirmed what he already told us, you know, the \$400,000, that he had reached the cap three months ago.

**Ms Jackson:** Then on November 16 there was an article in the Sudbury Star, which appears at page 48 of exhibit 94, entitled, "Sudbury Doctors Blast Cap on Billings." Is that another article that you became familiar with, at least by the morning of November 18?

**Hon Miss Martel:** Yes, it is. I would have had it over the weekend.

**Ms Jackson:** And did that contribute anything to your growing impression about Dr Donahue?

**Hon Miss Martel:** The use of the word "cap" was one that I had a great deal of trouble with, because the impression that was being left in the community was that once a physician reached \$400,000 they earned no more money, that in fact they were cut off, there was not a cent that came to them after that. And certainly in interviews that Dr Donahue himself was doing, he was doing nothing to correct that impression and in fact used "cap" in almost every interview that I can remember him using. So there was clearly, as a result of this meeting and the media coverage from the meeting on the 15th, an impression in the community, left as a result of what he had said, that after \$400,000 he would not be paid any more, and that was not correct, and that terminology was used quite frequently.

**Ms Jackson:** The description of the threshold as a cap was not new in this article. Is that correct?

**Hon Miss Martel:** No, what I am saying is it would be the use because—Dr Donahue also was talking to his patients, I assumed, but he was also meeting with a number of groups from the city at that time to try to lobby for support, and I knew he was doing that as well. And my understanding was that if he would use the word "cap" with the media and leave the impression that after \$400,000 he was not being paid any more, in all likelihood the same kind of thing was happening when he went out and talked to other groups. I thought it was a bit unfair to use that in that way when in fact it would be far better to outline exactly what the agreement said, which was that after \$400,000 you have two thirds and after \$450,000 you have a third.



**Ms Jackson:** But the use of the word "cap" does not surface for the first time in this article I guess was my first reaction.

**Hon Miss Martel:** No, but you are asking me what articles I had had before I sat down and wrote my own note to MaryLou, and I am trying to give you a description of what I would have had over the course of that weekend in my head when I sat down to write that.

**Ms Jackson:** All right. And in fact the use of the word "cap," as I understand it, was fairly common among at least members of the medical profession.

**Hon Miss Martel:** That is quite correct.

**Ms Jackson:** And indeed, we have heard, at some points within the ministry. Have you heard it used that way within the Ministry of Health?

**Hon Miss Martel:** No, in the Ministry of Health, when they discussed it with me, they were pretty clear to use "threshold" and were pretty clear to tell us to make sure to use "threshold" too.

1550

**Ms Jackson:** At some point, we understand—and I now cannot recall whether it was through Dr LeBlanc or Dr MacMillan—it became clear that it would be better to describe this as a threshold billing adjustment rather than a cap. Is that the message that was communicated to you?

**Hon Miss Martel:** Any message we had was to use the word "threshold" because "cap" would leave the impression that there was no more money to be had after that. We tried as best we could in our discussions to use that so there would be no mistake that in fact people were not going to be paid after \$400,000.

**Ms Jackson:** All right. I guess my point is simply that you find the word "cap" somewhat misleading or unclear in its usage.

**Hon Miss Martel:** Mm-hmm.

**Ms Jackson:** But it was by no means confined to Dr Donahue.

**Hon Miss Martel:** No. Other members of the medical community used it too.

**Ms Jackson:** There was a bit of a war of language on this particular point. Is that fair?

**Hon Miss Martel:** That is part of it, but depending on what you used, it led the public to have a very different impression of what the situation really was.

**Ms Jackson:** Okay. Then during that week when you were back in Toronto—we are now in the week of November 18—you became aware of an article in the Globe and Mail on November 19, which would be found at page 14 of exhibit 94, entitled "Doctors Say Fee Limit Will Threaten Services." I guess you would have the same objection to "fee limit," would you?

**Hon Miss Martel:** That is a part of it. I think what struck me more about this one was the change in the threshold. It went from \$400,000 to \$450,000.

**Ms Jackson:** I am sorry. What struck you was the reference to \$450,000. Where?

**Hon Miss Martel:** If you go into the second column, there are comments from Dr Donahue with respect to his practice and that he cannot afford to pay his 14-member staff any more. What is reported in the article is that he himself had passed the \$450,000 limit several months ago.

**Ms Jackson:** That is consistent with what he had already said to you, is it not?

**Hon Miss Martel:** No. He told us \$400,000.

**Ms Jackson:** He told you he had passed the \$400,000 limit three months ago.

**Hon Miss Martel:** Right.

**Ms Jackson:** In your view, is it inconsistent to say he has also passed a \$450,000 limit three months ago?

**Hon Miss Martel:** I would argue it would be, because his use of the term "cap" was \$400,000. He used it because it left in people's minds the impression that after \$400,000 you did not get any more money. There was never any discussion that I can recall of him publicly saying: "Well, no. Actually, the whole structure works like this. Up to \$400,000, I get paid back dollar for dollar," etc.

**Ms Jackson:** I understand that point and I think you just made that a moment ago, but I am trying to understand the \$450,000 point.

**Hon Miss Martel:** My assumption at the time would have been what he referred to in his discussions with us, which was \$400,000. That would have been my assumption at the time.

**Ms Jackson:** All right. You assume that when he says that, he means \$400,000; you now read that he may be meaning \$450,000. That is what you are saying.

**Hon Miss Martel:** Mm-hmm.

**Ms Jackson:** Therefore I take it that if it was based on \$450,000 rather than \$400,000, it would push your calculation of his gross annual income up slightly.

**Hon Miss Martel:** Upward.

**Ms Jackson:** Is that right?

**Hon Miss Martel:** That is right.

**Ms Jackson:** And that is what you took from this article.

**Hon Miss Martel:** Yes. I found it strange again that—I mean, we are all at a meeting together. If he wants some help, I would appreciate it if the help and the information he provides is all the same.

**Ms Jackson:** That was the point made earlier and I was not quite sure I understood that one. I guess what you are saying is that in your view it is inconsistent to say you passed \$400,000 three months ago and you passed \$450,000 three months ago.

**Hon Miss Martel:** Three months ago.

**Ms Jackson:** You could, in fact, have passed both. If you have passed \$450,000, you would by definition have passed \$400,000. Right?

**Hon Miss Martel:** Yes. I guess my point is, I would have preferred to have all the same, correct information on the table so I could understand what I was dealing with and what the community was dealing with.



**Ms Jackson:** It may not be inconsistent, I take your point to be, but it is not exactly very precise. Would that be a better way of putting it?

**Hon Miss Martel:** That is fair.

**Ms Jackson:** Okay. But is it also not fair that Dr Donahue's description of his revenues and his costs was not of a precise nature, it was more general? I have in mind the estimate that his costs are \$60,000 to \$100,000. He was not being very precise, was he?

**Hon Miss Martel:** No, he was not, but from article to article that changed as well. The comments that he would make in one meeting were not quite the same in the next, so even on similar weekends there would be two different sets of figures used in the media with respect to the financial situation he was portraying to the public.

**Ms Jackson:** So when we get to the end of this period of articles and press coverage, may I take it that some of the questions you have raised contributed to the reaction you said you finally had when you learned Dr Donahue would not commit to a meeting, that you were becoming increasingly suspicious?

**Hon Miss Martel:** That is right.

**Ms Jackson:** At the same time that this process of your growing information and impression of Dr Donahue was developing, I understand that at the same time you did continue to have dealings with Dr Abdulla. Is that correct?

**Hon Miss Martel:** Dr Abdulla's call to me did not occur until the night of November 22. It was a Friday night. I had just gotten home. Dr Abdulla called because he was very concerned about the letter that he had received from Frances Lankin stating that there would be no more exemptions granted. I told the committee earlier that he had applied and I had supported that particular request.

**Ms Jackson:** And you should know the committee has evidence before it, and indeed copies of a letter that went out on November 13 to all physicians in the province, indicating there would be no exemptions of the by-region, by-specialty category.

**Hon Miss Martel:** Okay, fine. He contacted me at home and asked if it would be possible at all for him to meet with me over the course of the weekend and said it was terribly important that he be able to sit with me and be able to tell me very clearly and carefully what the impact of this decision would be on cardiology services at the hospital and in fact to all of northeastern Ontario.

**Ms Jackson:** Did that meeting occur?

**Hon Miss Martel:** Pardon?

**Ms Jackson:** Did such a meeting occur?

**Hon Miss Martel:** Oh yes, it did. I agreed to meet with him on the Saturday night and we met on Saturday at my ministry office in Sudbury for about two hours.

**Ms Jackson:** All right. Now, I am not going to ask you to tell the committee in detail what you and Dr Abdulla discussed, but could you generally describe the kind of thing that you and he discussed in terms of the kind of information he gave you and what resulted from the meeting.

**Hon Miss Martel:** Okay. Dr Abdulla talked to me at great length and in very descriptive form about the nature of the work of the cardiologists and the cardiovascular surgeons at Memorial Hospital. He went through every aspect of what they would be asked to do, required to do or be responsible for in that regard, and that included all of the work which they were doing in the hospital with respect to on-call emergency care, cardiac surgery, transplant, pacemaker removals—putting them in, excuse me—and all of the work that they would do in their offices with respect to all the diagnostic testing that was required of patients before they went into surgery or in fact in follow-up. He went through very carefully and precisely for me all of these. That conversation took almost two hours.

He told me that he was there only for himself; he was speaking for his group of people. I said that I appreciated that and that I would make the case for him but I would not make the case for a blanket exemption of all northern specialists and northern physicians. That was not what I was prepared to do; indeed the Treasurer, when I was on my way out the door the November 15 meeting, was in the process of also saying to the group that was there, "We're not interested in just saying to everyone who practised in the north, 'All right, there'll be no cap.'" There had to be a better way to try and deal with it. So I reiterated that to Dr Abdulla. He said that was fine and—

**Ms Jackson:** When you made that statement, was Dr Donahue in your mind at all?

**Hon Miss Martel:** Yes, because I had some very specific concerns about his practice and about his billing, yes.

**Ms Jackson:** So you were in your mind not prepared to advocate a blanket exemption at that point that would include Dr Donahue.

**Hon Miss Martel:** That is correct.

**Ms Jackson:** All right.

**Hon Miss Martel:** Even though I had already done that in terms of the letter that I had sent. I was feeling at this point that I probably should have had a bit more information before I had gone out and written to Frances.

**Ms Jackson:** And the change in attitude on that point had come about as a result of the concerns and suspicions that you have described.

**Hon Miss Martel:** That is correct. Dr Abdulla in fact went a bit further in terms of telling me all about his practice and gave me three possible solutions that I could give to the Ministry of Health to get around this particular situation, because when he started the conversation he said to me very clearly: "I am not only here to complain. I think I have some solutions for you."

It was his case and his solutions that I carried back to the ministry and asked the ministry to very carefully consider, and I should probably say that at the end of the day it was one of the solutions that he put forward that indeed was the basis for the framework agreement that we have now worked out with the OMA and the use of the underserved area program.



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So it was a very, very constructive meeting. At that point he offered to me any information that I would need at all from him or the other cardiologists or cardiac surgeons. He offered to meet at any time with Michael Decter or whoever would be available to try to come to some sort of resolution. Indeed, I gave him my undertaking at that meeting that I would in fact go back to Toronto on Monday and make every effort that I could to have a meeting arranged so the cardiologists and cardiac surgeons could make their case to the Ministry of Health staff as they had made it to me—as he had made it to me on their behalf, excuse me.

**Ms Jackson:** Indeed, you did have a meeting with Mr Decter on that, did you?

**Hon Miss Martel:** Oh yes, I did, on Monday morning. Monday I called him. There were a couple of things. I called him on Monday. I told him that it was imperative really, that we had to meet. I was very concerned about the implications of what Dr Donahue had told me. Clearly—

**Ms Jackson:** Dr Donahue?

**Hon Miss Martel:** Dr Abdulla, sorry, had told me. Clearly all of the cardiologists were going to be over the threshold before the fiscal year ended. Clearly, Dr Abdulla said, they were worried about that. They were all working 100 hours a week at that point and he gave me whatever he could in terms of his practice to illustrate that very matter. I called Michael Decter in the morning and I asked for a meeting with him that day.

**Ms Jackson:** Did you meet that day?

**Hon Miss Martel:** Yes, I did, with him about 3:30, 4 o'clock. It was after question period and I went back to the Hepburn Block to meet with him in his office.

**Ms Jackson:** Was that meeting exclusively with respect to cardiology?

**Hon Miss Martel:** Yes.

**Ms Jackson:** Was there any discussion in that meeting of Dr Donahue and his situation?

**Hon Miss Martel:** No, there was none. Indeed, I brought my papers with him. I started to explain to him my concerns about the cardiologists and he cut me off and said that really he would like Dr MacMillan or someone else to deal with it because these were the point people who were involved in trying to look for solutions.

**Ms Jackson:** When you say you brought your papers, do you mean your notes?

**Hon Miss Martel:** Yes.

**Ms Jackson:** Of the meeting that you had had with Dr Abdulla?

**Hon Miss Martel:** That is correct.

**Ms Jackson:** And those notes are contained in exhibit 107? Starting on the third page in are notes of a meeting with Dr Abdulla; sorry, not the third page in, but if you go about eight or nine pages in, "Meeting w Dr Abdulla Saturday night, Nov. 23/91."

**Hon Miss Martel:** Correct, those are my notes.

**Ms Jackson:** Now, a point that may be small or large in the overall perspective: Mr Decter has testified to this meeting and has indicated that you did come with a large number of notes of your meeting with Dr Donahue, or Dr Abdulla, and he has indicated that he recalls elaborate notes on green paper. Can you tell the committee, since what they have before them are Xeroxed, whether you ever made any notes on green paper?

**Hon Miss Martel:** No, I have no green paper to make notes on. They were on white paper.

**Ms Jackson:** All right. In any event, how long was that meeting with Mr Decter?

**Hon Miss Martel:** About 20 minutes or so. I had to get back to a policy and priorities meeting as well, and Mr Decter really did not want to deal with all the ins and outs of the problem I was trying to bring to him. He felt more comfortable that he would, on my behalf, talk to Dr MacMillan about coming to Sudbury and having a meeting. He felt that was the better way to respond, rather than my giving him the whole story and trying to—

**Ms Jackson:** And in the result, was such a meeting arranged?

**Hon Miss Martel:** Yes, it was.

**Ms Jackson:** For what day?

**Hon Miss Martel:** For November 30, a Saturday, in Sudbury.

**Ms Jackson:** Is that the only meeting you ever had with Mr Decter on the threshold issue?

**Hon Miss Martel:** No, I met with Mr Decter after the Sudbury meeting, on the Monday, the—

**Ms Jackson:** December 9.

**Hon Miss Martel:** The 9th.

**Ms Jackson:** All right. So there were no other meetings with Mr Decter prior to December 5?

**Hon Miss Martel:** No.

**Ms Jackson:** Now, during the weekend that you were in your constituency, when you met with Dr Abdulla, did you learn anything more about Dr Donahue's practice or hear anything more about him that contributed to the growing impression you had of him and his practice?

**Hon Miss Martel:** Yes, two things happened: (a) I had some more clinics that weekend. I was just finishing them up finally and I was down in both Alban and Noëlville on that weekend, on the Saturday afternoon, and a number of constituents who came to see me had been reading about this in the paper and expressed their concerns, again, either in favour of the government policy or against the government policy, and said the same kinds of things, "Wasn't \$400,000 enough?" etc, and questions about the staff again.

**Ms Jackson:** Those are comments from people who were in support of the government policy, and do I take it you also had a number of comments from people who were in support of changing the policy to accommodate Dr Donahue?

**Hon Miss Martel:** That is right; there were both. That is correct.



**Ms Jackson:** And were there any specific comments that caused you to change or develop further your specific impression of Dr Donahue?

**Hon Miss Martel:** There were not any comments there, because none of the people who I met with had been treated by Dr Donahue, nor did they explain to me that any family members had. However, over the course of the weekend I was talking to my father about something else, and he expressed to me that several people had talked to him about this matter, several people from my own community.

A couple of things that came in that regard: One, a woman who was going to Dr Donahue's office for treatment of psoriasis, who was going to see him three times a week at that point and had been for some time, but had only ever seen him on two or three occasions. There was a second gentleman who was receiving treatment for cancer of his left ear. In that case, he had been to the doctor's office five times but again had only ever seen Dr Donahue himself twice.

There was another case of, again, another gentleman who had gone to have some excess skin removed from the back of his neck. He had this in different places. The correct terminology is "skin tags," and he had gone to have these removed. He had gone in initially and had talked to the doctor about this and an appointment had been made. When he went back the second time, though, to have these removed, he said that in fact it was an assistant who had done all this. She had marked them, she had cut them with a scissor-like apparatus, and she had in fact cauterized them as well, and the doctor had come in at the end to look at it but had not been involved in any of the procedure at all.

I think after hearing all of those I really wondered whether or not it was proper for procedures to be going on, especially with respect to cutting and cauterizing, where in fact there seemed to be little or no supervision and certainly the doctor himself not doing that, and I wondered how much of his practice was like that, ie, people operating very much on their own and doing a number of different procedures which, to my way of thinking—and this is only my personal view that I express here—should be done by a physician. I guess if I go into a doctor's office I expect that I will see my own family physician and that he will deal with me. And some of those cases and faces and names—which I have not given to the committee here but if you would want them in camera I can certainly give—I think that it made me really wonder if that was wrong or right, and if I say to the committee in answering what I did think, I thought it was wrong.

**Ms Jackson:** Did you know at that time what the level of training of the members of Dr Donahue's staff was?

**Hon Miss Martel:** No. I did not.

**Ms Jackson:** Did you make any assumption about the level of training when you came to the conclusion that this was wrong?

**Hon Miss Martel:** Well, I would have hoped that you would have RNs doing that. Whether they were or not I did not know because I did not know the full extent of his practice and what procedures were being undertaken there.

**Ms Jackson:** Do I take it from what you say that you hoped they were RNs, and even if they were RNs you would have concluded it was wrong?

**Hon Miss Martel:** I do not want to be seen to be saying that somehow there is something wrong with RNs. I do not want to leave that impression. I think what bothered me was that there were procedures that were going on which to my mind there was no supervision of, and I would have hoped that even if the doctor was not actually doing the procedure, he would not be far away in terms of watching what was going on.

**Ms Jackson:** In terms of the woman who was being treated for psoriasis, were you told what the nature of the treatments was?

**Hon Miss Martel:** No, I was not, only that she was going three times a week.

**Ms Jackson:** And in terms of the person who was being treated for cancer of the left ear, were you told what the treatment was?

**Hon Miss Martel:** No, I was not.

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**Ms Jackson:** So the only actual treatment that was involved that you knew of was this cutting and cauterization, at which Dr Donahue attended at the end.

**Hon Miss Martel:** Correct.

**Ms Jackson:** Of course, you would not know to what extent Dr Donahue had given specific instructions to the people who conducted these various treatments before and after they did so?

**Hon Miss Martel:** No. That is correct.

**Ms Jackson:** When you speak of supervision, you really mean being in the room.

**Hon Miss Martel:** That is what I am trying to tell you, that I am giving you my personal opinion.

**Ms Jackson:** Yes.

**Hon Miss Martel:** That is my personal opinion about what I feel about the delivery of health care. I am trying to make that very clear. It was no one else's opinion, only my own, with respect to what I was hearing about people going in and not physically seeing Dr Donahue.

**Ms Jackson:** So when you talk about the doctor supervising, just so the committee understands, what I take you to mean is that the doctor should be physically present, as opposed to instructing in advance. Is that right?

**Hon Miss Martel:** Yes.

**Ms Jackson:** Did you ever have occasion to discuss with anybody in the Ministry of Health whether this was viewed as appropriate delegation or not?

**Hon Miss Martel:** No. I did not talk to the Ministry of Health officials at all until they were up in Sudbury on the 30th, and then the focus was on cardiology services.

**Ms Jackson:** So in terms of these questions that were raised in your mind, you did not follow them up with questions to the ministry as to whether indeed your personal impression that this was wrong was shared by the ministry.



**Hon Miss Martel:** No, I did not, because I never went back to the ministry at any point with respect to Dr Donahue. I went back to the ministry with my concerns about cardiology because that was, front and centre in my mind, a big priority for the community and frankly a big priority for me personally. On the level of care that they are providing, if I had to do it on a priority basis in my head, I would say that they would come up on top. So my focus very much at that point in time was how to deal with their issue and how to find a resolution to it.

**Ms Jackson:** I am going to take you to the meeting that dealt with cardiology on November 30, but the day before that meeting took place, as I understand it, there was a further publication in the Sudbury Star which you were aware of. I am referring to the one that is contained in exhibit 94, in fact the two pages; page 15 is part of the article and page 18 is the other part. We have something called "Patient Fears Loss of Doctor" and a second article, "Specialist Knew Trouble Was Coming."

**Ms Edwardh:** You say it is page 15 and what other page?

**Ms Jackson:** Page 18. Both of those articles appeared on November 29?

**Hon Miss Martel:** The day he closed his office, yes.

**Ms Jackson:** And were read by you, were they?

**Hon Miss Martel:** It would have been the next day. I do not think I read them that night because I was at my office until very late.

**Ms Jackson:** So the morning of the 30th, Saturday morning, you read the two articles.

**Hon Miss Martel:** Correct.

**Ms Jackson:** Did they contribute to your growing knowledge or impression of Dr Donahue?

**Hon Miss Martel:** There were a couple of pieces of information that Dr Donahue gave to the public again which would have given the general public and me and anyone else who cared to read them some other indications about what his billing practice would be: specifically, the reference to what he thought he would need in order to maintain a viable practice, what the level of his billing allowance had to be. There he went from two or two and a half times the \$400,000, or to about \$800,000, to \$1 million, which was starting to get into the range that I had in the back of my mind as a result of his meeting with us on November 15.

I think the other information that was new and that I had some real difficulty dealing with was his reference to the fact that he had between 10,000 and 15,000 new patients a year, not counting his referrals. I found that really hard to believe, that you could see that many people, not only new people but also patients who were coming in several times, as I already knew, for repeat visits. We tried to work that out in terms of figuring out what that would be even on a six-day work week, and it worked out to a new patient every six minutes. I could not fathom how that could work and how there could possibly be that many patients coming in and, if there were, how that whole operation was working.

**Ms Jackson:** The calculation you mentioned that produces a new patient every six minutes, is that a calculation you did at that time or more recently?

**Hon Miss Martel:** No. It is one I did more recently, but at the time when I looked at it, I found that even that was hard because he would have—what was in the back of my mind was that was a lot of new patients. But I also knew there were, at least in the people who had contacted us—two of the three; one had gone five times, the other was going quite regularly. So there would have to be, if that was a general or normal operation of his practice, a fairly significant number of people who were there for repeat visits too.

**Ms Jackson:** And what did you conclude from that?

**Hon Miss Martel:** He was seeing a lot of people. And obviously he could not see that many all by himself, so that in my mind there was a great deal of work that was being done not by him but others on his staff.

**Ms Jackson:** The concern that you had was not so much about the accuracy of the statement but what it indicated as to the level of work that was being done by other people. Is that right?

**Hon Miss Martel:** The latter. There is no way that many people could be seen by him—obviously, they are not—so then a large part of his staff would had to have been doing quite a number of procedures in order to accommodate that many people.

**Ms Jackson:** After reading the article, you went on then to—we have heard there was a breakfast meeting on November 30 before the meeting with the cardiologists. You went on to that breakfast meeting?

**Hon Miss Martel:** Correct.

**Ms Jackson:** And it lasted about how long?

**Hon Miss Martel:** About 45 minutes. We arrived late and the meeting at the hospital was to be at 9:30 and we had to drive there—so under an hour.

**Ms Jackson:** And it took place, I think we have heard, in the Sheraton coffee shop?

**Hon Miss Martel:** Yes.

**Ms Jackson:** I am going to ask you to recollect for the committee your recollection of the seating of people at that meeting because I understand it differs slightly from Ms Murdock's recollection. Perhaps we can do it this way: May I summarize what you have already told me about your recollection, rather than ask you to redo the table yet again?

**Hon Miss Martel:** Okay, if you want.

**Ms Jackson:** As I understand it, if we were to start at the left end of the lower side of the table, we have Mr Wood. Sitting beside him Ms Murdock; sitting beside her, you, and sitting beside you, Dr MacMillan. Is that correct?

**Hon Miss Martel:** Correct.

**Ms Jackson:** And across from Mr Wood, Mr Belyea from the ministry?

**Hon Miss Martel:** It went the other way.



**Ms Jackson:** And across from Ms Murdock, Mr Laughren; and across from yourself, Mr Rodriguez, and across from Dr MacMillan, Dr LeBlanc. Is that right?

**Hon Miss Martel:** That is right.

**Ms Jackson:** And I understand that your recollection of that is reasonably clear?

**Hon Miss Martel:** Yes.

**Ms Jackson:** Now, at that breakfast meeting you were of course wanting to prepare for the cardiology meeting that was to follow, but was there in addition to cardiology a discussion concerning Dr Donahue?

**Hon Miss Martel:** Yes, there was.

**Ms Jackson:** Do you recall what prompted that?

**Hon Miss Martel:** John Rodriguez had a copy of the paper—

**Ms Jackson:** The one we have just been looking at.

**Hon Miss Martel:** —with him, and he had been reading it as he was waiting for the rest to arrive. He had the copy with him. And so that started the conversation, to say that he had seen this in the paper. He had also been at a meeting the night before, a meeting of small business people. He had been there talking about, actually, a payroll tax for the federal wage protection fund and the possibility of that.

However, before the meeting ended, Dr Donahue showed up to the meeting and explained to all the people again that the NDP was forcing him out of business and out of Ontario etc. So John had been at that particular meeting and then had read the article and was quite astounded and quite frustrated by the information that was coming out.

His frustration was around the fact that indeed Dr Donahue was in a position to release figures very publicly and have a public debate around numbers that he was giving. But from our side, we had no clue whether or not the numbers he was using and bantering about in public were correct, and whether if in fact we did have a clearer sense of what his practice was, we would not be able to minimize some of the anxiety and some of the concern that was very real and very evident in the community. People were really afraid that we were going to lose not only Dr Donahue but that there would be a whole flood of doctors out of the province as well.

**Ms Jackson:** After he raised that concern, was there any discussion by anyone else about it?

**Hon Miss Martel:** Oh, yes. Dr MacMillan said that any information with respect to Dr Donahue's billings was confidential and he proceeded to name three pieces of legislation that I can recollect as to how that would be confidential and be kept confidential. He also made the comment that part of one of those pieces of legislation in particular was one that the NDP had supported when it was here during the accord. There then came from that statement a more philosophical discussion about whether or not billings information of physicians should be confidential, and certainly he and John got into a bit of a discussion about that and what it was like in other provinces as compared to ours.

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**Ms Jackson:** Was there any discussion about whether the numbers that had been published in terms of Dr Donahue's income levels, and in particular the estimate that he would need \$800,000 to \$1 million, were a high level of billing?

**Hon Miss Martel:** I believe that Mr Rodriguez made that comment. That was, if I understand it, his first real—not understanding of the problem, but having to face the problem. Because he is the federal MP, he normally deals with federal issues and does not very much get involved in what we do. He was at the cardiology meeting on my request because he had been treated by Dr Abdulla and I knew he could bring a personal accounting of the importance of Dr Abdulla and his group to the Ministry of Health. It was my intention at the breakfast meeting to make sure the Ministry of Health understood how important these people were to the community. So for John it was the first time that he had seriously had to think about what was going on in the community, so he, of all of us, was expressing the most concerns about the level of billing that was indicated in the paper. Sharon was—

**Ms Jackson:** But was that concern shared? When you speak of the frustration on this issue that people could not get behind the numbers and test their accuracy, was the concern he expressed generally shared by others around the table?

**Hon Miss Martel:** Well, I already understood that it was protected and understood how it was protected in terms of at least two pieces of legislation.

**Ms Jackson:** I am sorry, that was not a very clear question. Was the concern about the high level of the billing that he expressed shared around the table?

**Hon Miss Martel:** Well, I would have to think that it was. I mean, he was talking about the article and he had it in front of him. Sharon did not seem to make—I do not remember Sharon making a comment about the billing that appeared in the paper as much as she was trying to explain to Floyd about epilation, because Floyd came late to the meeting and she was in the process of telling him some of the calculations that she had worked out in her office. She was much more convinced, and always has been, that the real problem in his office was epilation and not threshold, so she was quite engaged in this conversation that was going on to this side of me.

**Ms Jackson:** And the conversation at your end was more of the conversation with Mr Rodriguez expressing concern about the level of billing and how do you deal with this, and Dr MacMillan describing that it is confidential.

**Hon Miss Martel:** That is right. The greater part of those two pieces was the discussion about what legislation there was in place to protect that, to protect the release of that information, and a more philosophical discussion about what was happening in other provinces: Was it working there? Is that something we should look into in Ontario?



**Ms Jackson:** Given the concern expressed about the level of his billings, do you recall any discussion about whether billings could be reviewed within the ministry?

**Hon Miss Martel:** No, I do not have any recollection of that kind of discussion at all.

**Ms Jackson:** Now, on your recollection you have Ms Murdock sitting on one side of you and Dr MacMillan sitting on the other side. Ms Murdock has given the committee a clear statement of a discussion that morning between herself and Dr MacMillan in which she learned for the first time about the review process in the ministry and before the medical review committee. Do you have any recollection of that discussion at all?

**Hon Miss Martel:** No, I do not, and in spite of the times that you have asked me about this and commented on the seating, I do not have any recollection of that conversation going on. If I did, it would probably be very helpful to me in terms of later on what I say. But I can tell you and I can tell the committee members, I do not remember that. I do not. I have to say that there were a number of conversations that were going on. There were eight of us at the table. People arrived late, Floyd in particular with Ian, so that there were conversations that were going on, some of which I picked up and some of which I did not, and the extent of those conversations and what was said I cannot elaborate on any more and I cannot give you any idea. I wish I could, but I cannot.

**Ms Jackson:** Do you recall if you knew at that point in time about the existence of a procedure within the ministry and at the medical review committee for the review of doctors' billings?

**Hon Miss Martel:** No, I do not have any recollection.

**Ms Jackson:** So you might have known or you might not have known. You just do not know, or you know you did not know?

**Hon Miss Martel:** My first recollection of having a clear idea that there was a process in place in the ministry to deal with billings that may be suspect etc did not come until I read the Kevin Donovan article in January. That is my clearest and only recollection of when I had heard that, or when I had any indication that there was such a process.

**Ms Jackson:** Do you recall any other discussion that morning at the breakfast meeting relating to Dr Donahue?

**Hon Miss Martel:** It came about in this way. Part of the conversation with John was to try to bring him up to speed on what had happened with respect to the agreement, why it had been signed, what it meant, what some of the exemptions were. Dr MacMillan was in the process of explaining to John that there were exemptions for technical fees and, as well, that people who were already on the underserviced area program, for the duration of time they were on the program, were exempt.

Dr MacMillan turned to me and he said, "By the way, do you know that Dr Donahue was on the underserviced area program?" I was floored and I said, "No, I didn't," and "When was he on it?" He said, "He was on it until August 31st of 1990." That struck me and it struck me hard, because in my mind two things: (a) He had not told

us the truth when he had met with us on the 15th. He had told us very clearly at that meeting that he had reached his threshold three months ago, which would have been August 15th. Now I was receiving information to say that clearly up until August 31, 1990, he was in fact exempt and would receive everything back that he had billed dollar for dollar.

The second thing that did, because I took him at value that in fact he had reached a threshold—certainly he had accountants there who were prepared to tell me that—then he must have reached the threshold from the period when he got off the underserviced area program until November 15th. That would have been in my mind about September 1st until mid-November, about a 10-week period of time, and I took that to mean he had billed \$400,000 in 10 weeks. If I annualized that out, his billings were in the order of about \$2 million.

**Ms Jackson:** When Dr MacMillan told you that, did he tell you that as a result of a conversation he had had with Dr Donahue he realized that Dr Donahue had himself been confused about this issue?

**Hon Miss Martel:** Dr MacMillan did not tell me that he had any discussion with Dr Donahue. The only piece of information I had from a conversation of Dr MacMillan and Dr Donahue was that on November 28th, when Dr Donahue indicated he did not want to meet with us.

**Ms Jackson:** Did you make any assumption about the state of Dr Donahue's awareness of his underserviced area exemption?

**Hon Miss Martel:** There was no doubt in my mind that he would have known. Two bits: (1) Dr Donahue is the secretary of the Sudbury medical association. The doctors in Sudbury were the only group of doctors in the entire province that voted against the OMA-government agreement, and it seemed to me that they would spend some time looking at the agreement and then making a recommendation to the broader membership to vote against it. I do not know how else they would carry out that process except to examine it and then make a recommendation to their membership before they went to vote.

Clearly in the terms of the agreement it talks about the underserviced area program and clearly to my mind after having read it, both at the time that the agreement was signed and later when this process started, anyone who was on the underserviced area program was exempt from the threshold.

I guess the second thing was that in applying for an exemption himself, I felt Dr Donahue would have gone back to look at what were the terms and conditions of making a request for an exemption. In that particular section of the agreement there were two ways he could have done it: (a) It said very clearly that people who were on the underserviced area program were exempt, and (b) the minister also had some discretionary power in which she could make exemptions herself, but it was in the same place in the agreement.

So my understanding is that in order to think about even applying for an exemption, he would have gone back



and taken a look at what those conditions were and would have seen that very clearly.

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**Ms Jackson:** Now Dr Donahue has explained to the committee that even after the confusion that he says he had on this issue was sorted out, it was not material to him in terms of the position he was taking because it would not affect his future financial planning. In other words, the exemption had run out. Did you ever consider this in the context of the future financial planning for a physician?

**Hon Miss Martel:** No, I would have considered what he was doing in the community at that time. If he was exempt, indeed his financial position was much different than I think he was leading people to believe. Again, that would have made me even less clear as to why he would be closing his office in November, stating that he had no money to keep it operating, when in fact the adjustment was not going to be coming till December. But the adjustment, in my mind, was going to be quite a bit different than the initial case that he portrayed to me, which was that he had reached his cap three months ago, about some time in August. In my mind, his whole financial picture changed right then for me, because he would have a whole period of billings where in fact he would get back dollar for dollar. I could not understand how it was that he was closing his clinic then and saying he was going into bankruptcy when, to my mind, that was just not the state of affairs.

**Ms Jackson:** So your conclusion was clearly, first of all, that he knew this, and, second, that he was being untruthful?

**Hon Miss Martel:** That is correct.

**Ms Jackson:** Now, when you learned that he was on the underserved area program, were you given any other information about the underserved area program and who was on it?

**Hon Miss Martel:** I asked Dr MacMillan who else was on the program, because I thought if there was one person on the program there might be more who were also out saying they were leaving. So I asked him if they had a copy of this, if it was public information etc, and he said to me that yes, it was, and he produced a copy for me at that meeting. It had a list of all of those people who were on the underserved area program. For my purposes, I was interested in finding out who else from Sudbury might have been involved. It was in reading that over the course of the weekend that I discovered that Dr Hollingsworth was also on, and Dr Kosar.

**Ms Jackson:** In exhibit 8 in these proceedings there is a list of "Specialists on Program" dated October 31, 1991. Could you look at that and indicate whether that is the document that Dr MacMillan provided you with on the 30th?

**Ms Edwardh:** At what page of exhibit 8?

**Ms Jackson:** I am afraid there is not a page number on the copy that I am working with. It is a rather long document. About in the beginning of the second half. The document itself runs to about 11 pages and on every page at the top it says, "Specialists on Program."

**Hon Miss Martel:** That is correct; this is what he gave me.

**Ms Jackson:** Did you make any comment as to whether or not this should be publicized, or did you come to any conclusion?

**Hon Miss Martel:** Well, I certainly thought that would change the tone of the debate, if in fact it was made public that the first four months of Dr Donahue's billings were exempt. I guess at the time, if I look back—we were at a meeting to talk about cardiologists. I had asked my colleagues, particularly John, to come and make the case for the cardiologists at that meeting. I knew John, better than anyone else, could do that because he had been treated by Dr Abdulla. So while this was a very important piece of information to me and one that certainly changed, in my mind, my consideration of Dr Donahue's practice and his request to me for help, at that point what I was much more worried about and focused on was trying to deal with the cardiologists, and so I did not do anything further with it.

**Ms Jackson:** During the course of this discussion about Dr Donahue, were you told that the ministry had any concerns about Dr Donahue?

**Hon Miss Martel:** No. My recollection of where Dr Donahue came up in the conversation is as I have described it to you already: Mr Rodriguez's comments and the reply from Dr MacMillan about confidentiality and the comment to me from Dr MacMillan of whether or not I knew Dr Donahue was in the underserved area program and my response to him, which was, "He's making even more than I thought, then."

**Ms Jackson:** What is your best estimate of the length of time that these various comments and discussions about Dr Donahue took?

**Hon Miss Martel:** I think they were at the start of the conversation, because John had the newspaper there with him, but in terms of the overall conversation, it took up very little of the time of the conversation because, as I explained to you earlier, we were trying to get John to have a good working knowledge of what the agreement was and what the exemptions were. There were also questions raised with the Ministry of Health staff at the time as to what their view could be about possible solutions. So the focus of the discussion and indeed the major part of that discussion was on the meeting we were going to next.

**Ms Jackson:** So the discussion about Dr Donahue would be what, 10 minutes, five, or can you say?

**Hon Miss Martel:** I would say it was no more than five because once Dr MacMillan made it clear that in fact billings information was protected under those three pieces of legislation, the shift was then to a more philosophical debate about billings and that name was left.

**Ms Jackson:** After the discussion about the underserved area program?

**Hon Miss Martel:** No, that was before.

**Ms Jackson:** I am sorry. All right. As far as you can recall, did you receive any confidential information about Dr Donahue in that discussion at all?



**Hon Miss Martel:** No, I did not.

**Ms Jackson:** Was there any discussion in that meeting about the number of physicians in the Sudbury area who would be affected by the threshold?

**Hon Miss Martel:** Yes, there was, because I asked the ministry for that information at that meeting. My concern, as a resident of the community and because of what I was hearing, was that the impression going on in the community was that in fact there would be a flood or an exodus of doctors out of the community. People were becoming very frightened about that because trying to attract or retain specialists has been a great deal of the work of the MPPs and the regional council.

I wanted to know what the magnitude of the problem was, because if I picked up the paper and read it, I would think that every specialist was leaving town. I asked the Ministry of Health staff, Dr MacMillan, if he could tell me how many people in Sudbury were in fact going to be affected by the threshold; that is to say, how many would be over the threshold and then in a position of making a decision on whether or not they wanted to leave. He told me at that time that there were 13 specialists who could be in that position, and there were four general practitioners who could be in that position. I did not ask for any names, and no names were given, strictly the numbers.

**Ms Jackson:** Did you know from your own knowledge of the community who the general practitioners were?

**Hon Miss Martel:** No, I did not know who the practitioners were. I knew who about nine of the specialists were, or 10, because when Dr Abdulla had come to see me he had spoken on behalf of nine, himself included. I knew that there would be at least two obstetricians who would be, and that information had come from the meeting on the 15th when Dr Malloy and Dr Farrell had been there and said very clearly that two of, I think, the five of them would be over the cap in January or February.

**Ms Jackson:** All right. After this meeting, did you go on to a meeting with the cardiologists?

**Hon Miss Martel:** We did.

**Ms Jackson:** Was there any discussion at that meeting of Dr Donahue?

**Hon Miss Martel:** No, the discussion was on the cardiologists. There were a large number of people there. I was chairing the meeting. We had two people representing the cardiologists, two representing the Sudbury medical community and one representative of the district health council. The regional chair was there along with the regional director of social services. There was John, Floyd, Sharon and myself. Ian Wood accompanied us as well, and there were representatives from the hospital, both the CEO from the hospital and Ms Kaminski, who is the director of nursing, and the people who had come from the Ministry of Health as well.

**Ms Jackson:** I do not propose to ask you to review what took place at that meeting, but in your recollection there was no discussion of Dr Donahue?

**Hon Miss Martel:** No, it was three hours on Dr Abdulla and Dr Juma, going through much of the information they provided me.

**Ms Jackson:** I understand. After that, we understand, the committee has heard evidence, that there was as brief luncheon meeting or a brief lunch which you attended with at least Dr MacMillan and Dr LeBlanc?

**Hon Miss Martel:** And David Belyea from the Ministry of Health.

**Ms Jackson:** And David Belyea. Do you recall any discussion during that lunch of Dr Donahue or his situation?

**Hon Miss Martel:** No. My recollection of that was entirely on the focus of what solutions we were going to propose to the Ministry of Health. Dr LeBlanc indicated to me that Michael Decter—

**Ms Jackson:** For my purposes all I need to know is whether you had any discussion of Dr Donahue.

**Hon Miss Martel:** No.

**Ms Jackson:** All right.

**Hon Miss Martel:** It was all focused on what solutions there could be, because they wanted to relay that to Michael Decter that evening.

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**Ms Jackson:** On that day you of course had conversations, which you have described in part, in which Dr LeBlanc was a participant. Had you ever met Dr LeBlanc before that day?

**Hon Miss Martel:** No. That was the first day I met both Dr LeBlanc and Dr MacMillan.

**Ms Jackson:** I asked the question because, as I pointed out to you a little bit earlier today, Dr LeBlanc's evidence is that his recollection is that he had discussed with you before this meeting some of the elements of the threshold.

**Hon Miss Martel:** His recollection is different than mine. The meeting that was set up on the 30th was done by a David Sword in my office with Dr MacMillan and Dr LeBlanc. I never had any opportunity to speak to them before that meeting. I had several conversations with Dr LeBlanc after that because he was the point person in trying to find the solution, but I have no recollection of talking to either him or Dr MacMillan before.

**Ms Jackson:** All right. I will be asking you about some of the specifics of those conversations as we go through the balance of the chronology, but may I just ask you generally, do you recall after the meeting of November 30 whether you ever discussed Dr Donahue with Dr LeBlanc again?

**Hon Miss Martel:** No. My discussions with Dr LeBlanc were on what the proposed solutions were that he was presenting to Michael Decter and what I could do to lobby both Michael Decter and Frances on trying to implement some of those solutions.

**Ms Jackson:** After that meeting with the cardiologists on the Sunday, were you still in Sudbury?

**Hon Miss Martel:** Yes.



**Ms Jackson:** On that Sunday, December 1, an article appeared in Northern Life, which you will find at page 20 of exhibit 94, entitled "Ministry Challenges Doctors to Open Books to Public." This is the article in which Dr Donahue is reported as saying he would be better off owning a Mac's milk store. Did you read that article?

**Hon Miss Martel:** Yes I did. I heard part of it on the radio as well. The byline on the radio was that he thought he would be better off owning the Mac's milk.

**Ms Jackson:** Having read it, did it add at all to your growing impression of Dr Donahue?

**Hon Miss Martel:** It did in a couple of ways. He talked again about the number of patients he was seeing. The number of patients listed in this article was significantly different than what had been listed the day before in the Sudbury Star.

**Ms Jackson:** Here he says he sees 12,000 patients a year.

**Hon Miss Martel:** Second, he gave a lot more information with respect to his personal practice, the \$8,000 worth of disposables, including rubber gloves. I guess the thing that struck me was the \$1.5 million worth of prescriptions, because I could not figure out in my mind how he would ever know that in fact the prescriptions he had written out would add up to \$1.5 million annually. I found it very bizarre that he would be able to speak about the total value of all the prescriptions he had issued out of his office in a given fiscal year.

**Ms Jackson:** Because you did not see how he would know?

**Hon Miss Martel:** I am assuming that his giving prescriptions to patients is the same as when I go to my family physician; the price is not marked on the prescription, only what the physician wants you to go and pick up at the drug store. So how would Dr Donahue ever know—

**Ms Jackson:** That was what was bizarre to you. You wondered how he would know?

**Hon Miss Martel:** That is right.

**Ms Jackson:** Did you therefore make any conclusion about whether this was accurate or not, or were you just left wondering how he would know?

**Hon Miss Martel:** I wondered how he would know that particular bit of information.

**Ms Jackson:** Did this in any way cause you to think more negatively of Dr Donahue, or did it just raise a question?

**Hon Miss Martel:** No, I think it is fair to say to everyone that seeing this article really made me angry. We had done whatever we could to try to accommodate Dr Donahue, and I felt even more than I did at the beginning that he had been completely unfair to us in terms of asking for our representation.

I felt really that he did not want our representation and probably had not right from the word go, because he had never left us with any room to move to try to adequately respond on his behalf. That really bothered me, because health care is really important in our community. It is

critical in our community, and frankly, as an MPP in opposition and as a minister, I think I fought really hard to try to maintain services in the city and also bring people. I really thought the whole manner in which he had carried out his public crusade was really offensive. That was my feeling. To say he would have made more money had he had a Mac's milk store, when in my mind I am reaching billings at about \$2 million, I found to be quite astounding, and I did not believe it, as a matter of fact.

I was also angry by the suggestion in the article that no one in the south understood, no one cared, when in fact I had had a policy person who had spent all kinds of time on the phone trying to arrange a meeting for him so that he could come and have some meeting, have some say and present his case in a way that he explained to us he had not been able to do for the last eight months because no one at Health wanted to listen to him. There is no doubt about it; I was very angry. I just thought I was being taken for a ride and I resented that.

**Ms Jackson:** Have you seen the letter that Mr Decter wrote to Dr Donahue inviting him to have a public discussion of these matters on November 19?

**Hon Miss Martel:** I do not remember ever receiving a copy of the letter, and my recollection is seeing quotes of it in the newspaper.

**Ms Jackson:** I should, having asked you that question, show it to you. It is exhibit 73. Now that you have seen it here, do you recall if you had ever seen the letter in its entirety before?

**Hon Miss Martel:** No. I have not. I am sorry.

**Ms Jackson:** Dr Donahue has expressed the view before the committee that some of these invitations, and in particular this letter, suggesting as it does in the third paragraph an investigation and public discussion of his practice pattern, was something that he found threatening. I think, to summarize his concern, it was that he was concerned that as a result of his having raised the issues he had, the government was indicating it was about to start a campaign of publicizing information about him. Did you ever have any reason to think that Dr Donahue might have felt threatened by these invitations to discuss his practice with the ministry?

**Hon Miss Martel:** Ms Jackson, I would say that Dr Donahue had made his practice more than public, that he had given statements to the press on many occasions and had given out information to the public that I would consider part and parcel of his personal situation. I do not think it could have been more public than it was in that community.

**Ms Jackson:** In making the efforts that you did—well, first of all, let me ask you: In terms of the meetings that you were trying to set up between your office and the ministry and Dr Donahue, did you consider whether the information exchanged in those meetings was going to be exchanged publicly or privately?

**Hon Miss Martel:** No, I considered that those meetings would be between someone from my office, myself or David; Ministry of Health, Dr MacMillan in



particular; Dr Donahue and any of his financial people whom he wanted to bring with him. My understanding all along and our offer to him was just that, that that would be the group and it would be done among that group and there would not be media there to have that process go on. But that was similar to my understanding of anyone who was going to be applying for an exemption.

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My understanding was that individual cases of people who were coming forward because they were requesting information would have to, at some point or another, sit down with the Ministry of Health and go through issues of their own practice in order to sort out with the ministry whether or not an exemption was in fact necessary—whether or not, for example, practices could be done in a hospital that would not be counted against the physician in particular, as was the case that we started to look at in the case of the cardiologist etc. So my impression has always been that those people who would want a minister to use her discretionary power to grant an exemption would also then come forward and make their case.

**Ms Jackson:** So in your view this was to be, while a disclosure of information, a disclosure of information to the ministry, not to the public.

**Hon Miss Martel:** That is correct.

**Ms Jackson:** If you look at exhibit 73, though, and in particular paragraph 3, do you not agree that what Mr Decter appears to be contemplating is a public discussion of Dr Donahue's practice?

**Hon Miss Martel:** Well, I would be hard pressed not to, but I cannot think of what was in his mind. In looking at that, if you are asking me to respond, I would say that is probably what he has in mind. That is correct.

**Ms Jackson:** And would you agree that a doctor might feel more threatened by a meeting if the information is to be publicly disclosed than if it is to be dealt with privately?

**Hon Miss Martel:** You see, I would disagree with you there because I am of the view that Dr Donahue had made the aspects of his practice quite public. No one else in the community, no other specialist who was requiring an exemption or writing in, had ever released any financial information with respect to their own particular practice. No one else talked publicly about how many staff they had, how many patients they saw, how many prescriptions they wrote out a year, what they bought in the community, when they were over the cap, what their operating costs were, what they owed to the bank. No one else did that. Dr Donahue was the only one.

To my way of thinking, he had made his practice very public. I am not sure what more there was to disclose at that point because he had certainly put out all kinds of information with respect to his practice. Most of it was in many cases contradictory, but there was all kinds of stuff out there, and he had done that on his own.

**Ms Jackson:** Although clearly a lot of other information was not out there because it was some of that other

information that you were hoping to get in a meeting with him. Is that right?

**Hon Miss Martel:** With respect to salaries, rent etc, yes, that is correct.

**Ms Jackson:** Then we move to—

**Hon Miss Martel:** I am trying to respond to your question as to whether or not he would be fearful. I cannot speak for Dr Donahue. I do not know what he was feeling like at the time. I only think there was a lot of information already out there that he himself had made public.

**Ms Jackson:** Okay. Now, on December 2—we move to a Monday—you are back in Toronto. Is that right?

**Hon Miss Martel:** That is correct.

**Ms Jackson:** And you had mentioned before that Dr LeBlanc stayed in charge of trying to take this cardiology issue further. Did you hear from Dr LeBlanc that morning concerning his efforts in that regard?

**Hon Miss Martel:** Yes, I did. I called him to find out how his discussions with Michael Decter had gone over the weekend, and whether or not the proposals that we had put forward at the Saturday meeting were going to be acceptable to the minister and to the deputy.

**Ms Jackson:** Was there any discussion in your conversation with Dr LeBlanc about any doctors from Sudbury who were expected in Toronto?

**Hon Miss Martel:** Yes. I asked Dr LeBlanc if I should talk to Frances in the afternoon to lobby her further about this matter. He said to me that Frances would not be in the House that afternoon because she was being briefed on the OMA Dues Act, which was due to go into committee that afternoon. He said to me, "There are two doctors down from Sudbury, a Dr Hollingsworth and a Dr Kosar." At that point I had received a phone call from a Dr Hollingsworth and I had the slip in front of me, so I said, "Well, that's why he is contacting me."

He said to me that his understanding was that the two of them had been up at the OMA earlier that morning and Dr Hollingsworth had finally realized that he was under the underserviced area program. Therefore he would not be leaving the community and therefore some of what he had said in the media, which was that he was going to be leaving soon, was in fact not correct.

He told me that they were both there, and my recollection is he also told me where they had been and that they had discovered the knowledge about the UAP that morning.

**Ms Jackson:** And did you in fact meet with the two doctors?

**Hon Miss Martel:** I called the phone number back and it was Ernie Eves's office, but I spoke to Jane, and Jane said they were not in at that point in time. I told her I would try to find Ernie—Mr Eves, excuse me—in the Legislature so that he could introduce me to Dr Hollingsworth, because I did not know what he looked like.

**Ms Jackson:** You had never met Dr Hollingsworth before.

**Hon Miss Martel:** No.



**Ms Jackson:** Had you ever, so far as you know, corresponded with him?

**Hon Miss Martel:** Not as far as I know, although I know what is coming next.

**Ms Jackson:** All right. You have in your office file two letters from Dr Hollingsworth, which I am going to ask be put in front of you and members of the committee. Members of the committee will recognize these letters as rather similar to letters that were also sent to Ms Murdock. Mr Chairman, could we have the two letters together as the next exhibit?

**The Chair:** Yes. Those two letters are going to be marked as exhibit 110.

**Ms Jackson:** I understand, Ms Martel, that while these letters were received in your office, you had not seen them until very recently.

**Hon Miss Martel:** That is right. I did not see them until you showed them to me on Sunday.

**Ms Jackson:** All right. Indeed you had not seen them when you met with Dr Hollingsworth and Dr Kosar on December 2.

**Hon Miss Martel:** Maybe I can clarify this point for the committee members. We received a large amount of correspondence at this point in time, both in the riding office and at the ministry office, about half and half. Because we did not have a resolution to the matter at this point in time, I told my staff to hang on to the letters in separate files and once we had a resolution, I would respond to all of them. In fact, I did not respond to all of those until early in January, after an agreement in principle had been signed between the OMA and the government to use the underserviced area program to solve our problem.

**Ms Jackson:** Having made the attempt to reach Dr Hollingsworth and Dr Kosar through Mr Eves's office, what happened next as you moved towards the meeting we know took place?

**Hon Miss Martel:** I went into the House and Jane was sitting behind the Speaker's dais and I asked her—

**Ms Jackson:** This is Mr Eves's assistant?

**Hon Miss Martel:** Yes, my apologies. I asked her again if she would let Ernie know that I was there and also have him come and see me so he could point out the two doctors to me so I would know who they were. I went to sit in my seat and then received a note to step outside because Dr Hollingsworth and Dr Kosar wanted to speak to me. I got up from my seat and went around, and they were sitting in the public gallery, and the guard pointed them out to me. Then we went outside and sat in our members' lounge and had our discussion there.

**Ms Jackson:** You mentioned that Dr LeBlanc had indicated to you that Dr Hollingsworth was on the underserviced area program. Had he told you what the date of that period of enrolment was?

**Hon Miss Martel:** No, he did not tell me, but I had read through my copy of the underserviced area program which I had received from Dr MacMillan. I wanted to see who else on the list in Sudbury was on the underserviced

area program so I could determine whether or not there were other doctors who, like Dr Donahue, were in fact on and therefore their financial situation might be a little bit different than they were telling the public. Indeed, over the course of the weekend when I read through that, I saw Dr Hollingsworth's name on it. Dr Hollingsworth had been on a TV interview with Dr Abdulla some time before that, telling people that he was going to reach his threshold soon and that he was going to be forced to leave the community. So it struck me, when I saw it, that there was a second person who had been out as well and that the information that had been released to the public was not quite correct. So I had read their names already on my package of UAP.

**Ms Jackson:** Did you consider that Dr Hollingsworth was also misleading the public?

**Hon Miss Martel:** I guess what was in the back of my mind was that if people voted against the agreement, then I hoped they had read it and understood what they were voting on, and I would have said at that point it would have been pretty clear within the terms of agreement that in fact there was an exemption for people who are on the underserviced area program. I think what I felt, though, was a sense of frustration more than anything else, because it was just making things worse. I mean, there was a lot of incorrect information floating about in the city that was leading to a real sense—I think the best way I can describe it is of hysteria that there was going to be a mass exodus of people out. I was frustrated by that because of the kind of reaction it was creating in the community, a community that has always fought hard for medical services.

He was not in the same position as Dr Donahue in that my understanding was that he does not hold any executive position on the Sudbury medical society, therefore perhaps the likelihood of him going through the agreement was less than the likelihood of Dr Donahue not going through the agreement.

1700

**Ms Jackson:** So you gave him a bit more of the benefit of the doubt as to whether he knew whether or not this underserviced area program had an effect on his situation?

**Hon Miss Martel:** That is correct to say.

**Ms Jackson:** When you read through this list on the weekend and determined that Dr Hollingsworth was on the underserviced area program, did you make a note of the date when he completed his service?

**Hon Miss Martel:** I did and it was June 1992; because I knew already that he had said something publicly about being in the position that he would have to leave, so when I saw his name on the list, I recognized that he was another person that in fact was not in any danger of reaching his threshold nor of leaving the community. Others who were on the list were in totally different situations. No one else on the list other than he himself, he and Dr Donahue, had been out publicly telling people they were going to reach their threshold. So he was the one other person on that list who had gone public and whose position was different.



**Ms Jackson:** Was there anything noteworthy in your mind on the weekend about Dr Kosar?

**Hon Miss Martel:** No, I do not think so.

**Ms Jackson:** Do you recall noting whether or not he was on the underserviced area program?

**Hon Miss Martel:** Well, I went through the list and there were about 20 people from Sudbury, so I had a fair sense of names. I cannot remember whether or not I reviewed the list before I started the meeting, although I do believe I was carrying around stuff with me on the agreement, but I could not recall right now whether I took a look at it Monday morning when I got back to Toronto or not.

**Ms Jackson:** So you went to the members' lobby and you met with Dr Kosar and Dr Hollingsworth?

**Hon Miss Martel:** Mm-hmm.

**Ms Jackson:** I take it this was a reasonably non-confrontational meeting?

**Hon Miss Martel:** No, it was fine.

**Ms Jackson:** You were not particularly angry or pressed by anything at that point in time?

**Hon Miss Martel:** I made it quite clear to them that, as Floyd had indicated at the meeting on November 15, we were not interested in just giving a blanket exemption to every physician who was operating in northern Ontario. When the discussion began, they expressed to me their concerns about the situation in Sudbury, which I agreed with, and told them as well that I was concerned and was trying to have some meetings and deal with the Ministry of Health to try and find a resolution.

**Ms Jackson:** Could I just stop you there?

**Hon Miss Martel:** Sure.

**Ms Jackson:** I am going to ask you some of what you said in the conversation, but just as the conversation between you started or as it developed, was there any point in this when you felt either angry or pressed by the conversation?

**Hon Miss Martel:** No.

**Ms Jackson:** It was an ordinary, natural exchange of information. Now, the conversation in total went on for about how long? What is your best recollection?

**Hon Miss Martel:** An hour. It was almost the entire question period, so I was out of the House for the whole thing, which I did not particularly mind either.

**Ms Jackson:** I am not going to ask you to repeat everything that you and Dr Hollingsworth and Dr Kosar discussed, but I would like you to recall as best you can what you said to them about their own personal situations; what they said to you and what you responded.

**Hon Miss Martel:** Okay. Their personal situations came near the end of the conversation, in fact quite near the end of the conversation. We had been talking about how heated this had become in Sudbury.

**Ms Jackson:** How which? I am sorry.

**Hon Miss Martel:** How heated this whole matter had become in Sudbury, and the public concern about it. I said to Dr Hollingsworth, "Well, frankly, you didn't help the matter." He said, "What do you mean?" and I said: "Well,

you were on TV with Dr Abdulla and you were telling people that you were going to reach your threshold and you were going to leave the community, and that is not true. I've seen your file and you're on the underserviced area program and you're not finished on the program until June 1992. By then, I can assure you, we will have had a resolution to this matter." And he said to me, "I thought I was on till January." And I said: "No, I've checked. You're on until June, 1992." And he said to me at that point, "You seem to know more about me than I know about myself." And I said: "Well, doctor, this is public information, and on the public information it is quite clear when you start, and if you know the program ends in four years then you know when you end, and the public information also says whether you're receiving a grant or not and what your specialty is." And that is how I knew.

**Ms Jackson:** When you said, "I've seen your file," what were you referring to?

**Hon Miss Martel:** I was referring to the information I had on UAP. When I talk about "file," I talk about it in the context in having a bunch of information, or pieces of information, or letters or correspondence or memos, or in this case newspaper articles. In this particular case, it was the list I had already taken a look at with respect to all of those people who are on the underserviced area program. For me, it is a term of reference. It is an expression that I use when I have collected stuff together and have it on a particular issue.

Now, I certainly was referring to the information that I had about his underserviced area, beginning and end, because that is what I had taken a look at over the weekend, that is where I had seen his name, and certainly that is when I had seen very clearly that he was in no way threatened to leave the community. He was in no way threatened by the imposition of the threshold, because in fact he was going to be on and exempt until at least June of 1992.

**Ms Jackson:** Do you recall any similar discussion with respect to Dr Kosar?

**Hon Miss Martel:** I do believe that I told Dr Kosar that I knew he was on the UAP as well now, because I said to him, "Well, neither of you is in any position of being threatened to leave the community." Whether I used the word "file" with him or not, I cannot remember. I definitely used it in the context of Dr Hollingsworth.

**Ms Jackson:** All right. Now, Dr Hollingsworth has testified as well that by your general attitude you seemed to indicate that you knew they were good guys, and he has in fact said you stated, "I know you're good guys." Do you recall whether you made any such statement?

**Hon Miss Martel:** I only met those two gentlemen that day. I knew nothing about them, except for Dr Hollingsworth where he had been on TV to say he was leaving. I had not met them before. I knew what their practices were because I had read it on the UAP list, but after that I did not know anything about them and I have no recollection of telling them either they were good or bad guys.

**Ms Jackson:** And Dr Hollingsworth has testified as well that in the conversation there was reference made to



the four GPs who I guess you had learned on Saturday were billing over the threshold. Do you recall a discussion about those four GPs?

**Hon Miss Martel:** That is correct. At the start of the conversation, they put to me that their solution to this possible problem would be to have the blanket exemption from the Ministry of Health for anyone who was practising in northern Ontario. And I repeated very clearly at that time that I would not support that kind of an approach and I think I told them as well that Floyd had made that very clear at the meeting on November 15. I said to them very clearly that what I would be looking at was certainly specialists, and while I knew there were four GPs who were going over threshold, I would not support their particular cause because in fact there was no shortage of GPs in Sudbury. Sudbury was not underserved for GPs, and I was not going to get on that bandwagon as well. I was only concerned about the specialties, where there was a definite designation of underservice, where the Ministry of Health from their own statistics knew that there was a chronic shortage of people. There was no shortage, to my knowledge, at all of GPs in the city.

**Ms Jackson:** Do you have any recollection of saying that it was "unacceptable," or "totally unacceptable," for GPs to be earning over the threshold?

**Hon Miss Martel:** No, I do not remember using those words. Let me think back. My recollection in terms of the GPs was that there were more than enough of them in Sudbury, so there was no need to have an exemption for them in order to bill more.

1710

**Ms Jackson:** Then, Dr Hollingsworth has testified that there were remarks made by you, that: "Dr Donahue's practices are totally unacceptable. What he is doing is totally unacceptable." Do you recall making those remarks?

**Hon Miss Martel:** Let me describe this to the committee as best I can. I do not remember now making any remarks at the time. I do not have any recollection. However, on December 11, when Dr Hollingsworth was on the radio in Sudbury, stating that I had seen his file and he thought that meant his confidential billing file, when I got back to my office that day, my executive assistant sat down with me and said: "What was your conversation about? What did you say?" I had had no staff there and I have no notes from that particular meeting. I said to her then, "I think I said something about Dr Donahue, but I can't remember what it was." So that is my only recollection with respect to what went on, as relayed to me by her. I cannot remember now, I could not then, but she assures me, and I am assuring this committee, that I did say that I had said something; I did not know what it was.

**Ms Jackson:** Just so we have it clearly, but for the prompting of your executive assistant, who recalled that earlier conversation, you yourself have no recollection of even mentioning Dr Donahue in this December 2 conversation?

**Hon Miss Martel:** No, I do not, but I thought it was important that the committee know that.

**Ms Jackson:** I understand that, but I think it is also important that the committee understand what you remember and what you do not. You do not today remember at all mentioning Dr Donahue, correct? You have no recollection? You have no independent recollection—

**Hon Miss Martel:** No, I do not. I am going on her recollection of a conversation we had on December 11 and what, to the best of her recollection, I said in trying to sort out what went on at that meeting.

**Ms Jackson:** All right. So based on what you said at the time, then much more close in time to December 2, it would appear that you said something about Dr Donahue, but you have no recollection of what it was.

**Hon Miss Martel:** That is correct.

**Ms Jackson:** Therefore, is it fair that you would have no reason to dispute Dr Hollingsworth's recollection of what you said about Dr Donahue?

**Hon Miss Martel:** I have no recollection. I mean, if you want me to say yes, I can do that, but I am not—I mean, all I know, in trying to respond to the question as best I can, is that my staff tell me that yes, as of December 11 I thought I had said something about him. I could not remember at that time, nor can I now, what it was.

**Ms Jackson:** In terms of the view you then held of Dr Donahue, this kind of statement, I take it, would be consistent with the view that you then held. Is that fair?

**Hon Miss Martel:** Well, given that the day before the Mac's milk article had been in the paper, that would be fair. I would say that would be fair. That would certainly be the context that I would have in the back of mind about what was going on in the community and how his whole situation was being portrayed by him. That is correct.

**Ms Jackson:** Is it fair that if you made these kinds of statements to people you did not know in an unpressed, unangry situation, you might have made these kinds of statements to other people?

**Hon Miss Martel:** Those were the only meetings that I had during that course of time with respect to anyone around the Sudbury situation. You see, there was work going on in the Ministry of Health. I was tapped into that, because I would talk to Dr LeBlanc on a fairly regular basis to figure out how we were moving along in terms of finding a solution and what I could do to try and push that along. Should I talk to Frances, should I talk to Mr Decter etc? But there were not other meetings that I was having with respect to the Sudbury situation. The meetings that I had in reference to doctors or the matter were the ones that I have tried to outline with you today. So I have no recollection of other times where I would be meeting with people on this matter and saying things.

**Ms Jackson:** Putting yourself, if you can, in the shoes of a listener hearing those comments, and hearing them coming from a person such as yourself—a minister of the crown—in calm circumstances, can you understand that a listener might assume those comments were based on inside knowledge?

**Hon Miss Martel:** I guess I would disagree with you because you are asking me to speculate (a) on what I said,



which I have no recollection of, and (b) you are asking me to assume that what Dr Hollingsworth told you was in fact correct. I think that in the testimony that I have given you and what Dr Hollingsworth has said I said in other parts of that conversation, there have been discrepancies. So you are asking me to respond to a question that I guess, if I can tell you, I find a little bit unfair, because I cannot say 100% that, yes, that is what Dr Hollingsworth said. I would not say that, especially in regard to the conversations, because there were other things where his version and my version of the conversation are quite different.

**Ms Jackson:** Well, I do not mean it to be unfair; in fact, quite the reverse. I am sorry if it seems that way to you. I want to give you an opportunity to respond to the assertion by somebody who swears that this statement was made to him and who concludes from it that you were speaking from a position of inside knowledge. You may have no comment on it, in which case that is fine, but I wanted to give you the—

**Hon Miss Martel:** So you are referring back to the doctors. I thought you were referring to the general public hearing this.

**Ms Jackson:** No, no. I am sorry. I wanted to give you an opportunity to comment on the fact that a listener hearing that kind of statement from a minister of the crown would conclude that it was made on the basis of inside knowledge. If you have no comment, that is fine. I just wanted to give you the opportunity.

**Hon Miss Martel:** If he assumed that “practices” meant billing or medical, as a physician that may well be what he would take away in terms of his interpretation of “practice.”

**Ms Jackson:** Then you could understand how that conclusion might be arrived at.

**Hon Miss Martel:** All right, okay. Sorry. My interpretation was that you were asking the broad public—that is the impression they would take away. No, sitting at that conversation as a physician, I would expect that he would think “practice” and think “medical practice.” I do not know whether he would think “billing,” but one or the other. He may at that point walk away and think I had more access to something.

**Ms Jackson:** Just to close off this area, Dr Hollingsworth recalled in his evidence a telephone conversation with you the following day. Do you recall that conversation?

**Hon Miss Martel:** I do. He called to talk to me about the OMA Dues Act. He had been in the day before and had put a position forward to the committee that Sudbury be excluded from that part of the agreement. He called me and urged me to talk to the committee members and urged me to tell them to support this particular piece of legislation.

I told him that I did not quite think that was a direction that the committee was going in. He mentioned that he was quite convinced himself that Mr Owens, who had sat on the committee, and Mr Hope had in fact understood a lot about unions and were in fact supporting him.

I said that I found that a little bit difficult to believe, but in any event I would take his word for it and I would

talk to them. Indeed, I did speak to Mr Owens about whether or not Dr Hollingsworth had called him on this matter and found that he had. But the whole conversation, to the best of my recollection, was strictly about the dues act, because it was either in committee that afternoon and going to be passed or going to be passed shortly, and he wanted to know what kind of pressure I could apply to see that the amendments that had been put forward to help them would in fact pass.

**Ms Jackson:** Sorry, I forgot one last element of the meeting on December 2. There has been evidence that Dr Hollingsworth and Dr Kosar indicated to you that they were not billing over the threshold and that you said approximately words like, “I know.” Do you have any comment on that evidence or do you have any recollection about such a discussion?

**Hon Miss Martel:** I remember when they said they were high billers. It was the end of the conversation and it had gone on quite a bit longer.

**Ms Jackson:** They said they were high billers?

**Hon Miss Martel:** No, they said that they were—hmm. Yes, they said that they were high billers. It came in this context. It was near the end of the conversation. We had gone through everything else and what I was trying to do in the community. At one point Dr Hollingsworth, who had spoken a great deal during the conversation, said, “And we’re not high billers, you know.” My response was to nod my head, because at this point in time we had been at it almost an hour and to my way of thinking it did not matter anyway, because they were on the underserved area program, therefore they were not specialists that I was going to have to worry about in terms of finding a solution for. So my only recollection is nodding my head to have him keep going and get to the end of it.

**Ms Jackson:** Okay.

**The Chair:** I think that this might be an appropriate time to take a 10-minute recess.

The committee recessed at 1720.

1738

**The Chair:** We will call the session back to order. I would like to indicate that we will be recessing for the rest of the day as a result of discussion with members of the subcommittee. We will be reconvening tomorrow at 9:30.

**Mr Kormos:** My information is that Robert Keith Harfield was admitted to the Toronto General Hospital emergency at 4:30 this morning for abdominal pain. My grandmother used to call it a stomach-ache. No wonder health care costs are what they are. I am advised as well that he was discharged today. I am hoping then, in view of the fact that he merely had a stomach-ache and that he is not in the hospital any more, that he will be made available to us. It would seem only fair.

**The Chair:** Mr Kormos, after discussion, and through further discussion with counsel, it will hopefully be our intention that Mr Harfield may in fact be called tomorrow, but that will be subject to discussion with counsel to the committee and counsel to witnesses. Having said that, we will adjourn this meeting until tomorrow at 9:20 am.

The committee adjourned at 1739.

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M-38 1991/92

M-38 1991/92

ISSN 1180-436X

## Legislative Assembly of Ontario

First Intercession, 35th Parliament

## Assemblée législative de l'Ontario

Première intersession, 35<sup>e</sup> législature

## Official Report of Debates (Hansard)

Wednesday 11 March 1992

## Journal des débats (Hansard)

Le mercredi 11 mars 1992

### Standing committee on the Legislative Assembly

Inquiry re  
Ministry of Health  
information

### Comité permanent de l'Assemblée législative

Enquête concernant  
certains renseignements  
du ministère de la Santé

Chair: Steven Offer  
Clerk: Douglas Arnott

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Published by the Legislative Assembly of Ontario  
Editor of Debates: Don Cameron



Publié par l'Assemblée législative de l'Ontario  
Éditeur des débats : Don Cameron

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# LEGISLATIVE ASSEMBLY OF ONTARIO

## STANDING COMMITTEE ON THE LEGISLATIVE ASSEMBLY

Wednesday 11 March 1992

The committee met at 0940 in room 151.

### INQUIRY RE MINISTRY OF HEALTH INFORMATION

**The Chair:** Good morning. I would like to call the morning session of this Legislative Assembly committee to order. Members will be aware of the agenda for today's meeting.

KEITH HARFIELD

**The Chair:** Prior to our counsel commencing questioning with the minister, I would like to recite to the members of the committee the status with respect to Mr Keith Harfield.

On February 6, 1992, at the direction of the subcommittee on committee business, I wrote to the Speaker requesting that a Speaker's warrant be issued to compel the attendance of Keith Harfield and Associates, Management Consultants, 143 Applegrove Street, Sudbury, to attend and give evidence before the standing committee on the Legislative Assembly at 10 am on Thursday, February 13, 1992. This request for a Speaker's warrant followed after repeated efforts by committee council to question Mr Harfield, all of which met with no cooperation.

On February 7, the Speaker agreed to the request and issued his warrant to compel the attendance of Mr Harfield. On the 10th and 11th of February, again after repeated attempts, the Sergeant at Arms was unable to effect service of the warrant on Mr Harfield.

On February 14, at the further direction of the subcommittee on committee business, I again wrote to the Speaker requesting that a Speaker's warrant be issued to compel the attendance of Keith Harfield to attend and give evidence before the standing committee on the Legislative Assembly at 10 am on Monday, March 9, 1992.

On March 3 the subcommittee on committee business was advised by the Speaker that the service of the warrant had been effected on Mr Harfield.

On March 9 Mr Harfield attended at committee. At that time he indicated to committee counsel that he would not answer certain questions which would be put to him in evidence before this committee. After consultation with Mr Harfield's counsel, it was agreed that his evidence would be deferred to the morning of March 10, to allow him to reflect on his position overnight.

On March 10 Mr Harfield failed to attend at the committee. His counsel advised that he had gone to the emergency department of a local hospital with suspected food poisoning. Later in the day Mr Harfield's counsel advised that Mr Harfield had been treated for food poisoning and was discharged from the hospital that afternoon. He advised that he would attend before the committee at 9:30 on March 10—I am sorry; that would be on March 11.

It is the 11th of March, it is 9:30 approximately and I am calling on Mr Harfield.

**Mr Rust-D'Eye:** My name is George Rust-D'Eye. I am counsel for Mr Harfield.

**The Chair:** Yes, Mr Rust-D'Eye. If you could please sit down at the table, just for Hansard's purposes.

**Mr Rust-D'Eye:** Two things, Mr Chairman.

First of all, it is true that Mr Harfield has not yet, in informal discussions with counsel, agreed or given the names of individuals concerned. That I would not take to be a refusal to give that information to this committee.

Second of all, Mr Harfield was feeling very ill yesterday. I believe, from talking to him, that in fact he did have food poisoning. It may well be a medical problem that prevents him from being here this morning, but my last contact with him was that I did expect that he would be here this morning at 9:30. Depending of course on what happens here, I will try immediately to reach him. I do not—I cannot tell you I have information as to where he is at the present time. I will try to reach him and have him here at the earliest possible opportunity, but I am afraid I cannot assist the committee further at this point.

**The Chair:** I would like to thank you very much, Mr Rust-D'Eye, for your assistance in this matter as provided. I have called Mr Harfield. I do not see him before the committee. I thank you very much for providing comments on the situation to date. It will be my position that this matter will be referred to the subcommittee, as is our right under our terms of reference, to discuss any further action that this committee feels is appropriate with respect to Mr Harfield. Mr Kormos and Mr Conway.

**Mr Kormos:** Mr Chair, I appreciate your reference of the matter to the subcommittee, but I find it somewhat outrageous that Mr Harfield would play this cat-and-mouse game now on to the third day of this week. I am asking you, Chair, to assure this committee that the process which is necessary to avoid any impression of acquiescence to his—well, it is a contempt for this process to not appear—that we take the next step that is necessary to ensure that he is either cited for that contempt and to ensure his attendance here by whatever means necessary. I mean, this is really not just bizarre but increasingly unusual. One finds oneself—perhaps those abdominal pains were really cold feet.

**The Chair:** Thank you, Mr Kormos. Mr Conway and Mr Tilson.

**Mr Conway:** Mr Chairman, I view the matter very seriously and I would simply want to say to you that we should in the presence of counsel make it very plain to counsel that this committee is limited in time as to when it can meet. We will meet for the last time on Thursday. We believe Mr Harfield has evidence that is very material to these proceedings and I would strongly encourage counsel

to do all that he can to encourage Mr Harfield to attend at the earliest opportunity.

I well appreciate that there are a number of factors that may be troubling Mr Harfield, but he is, I think, an extremely important witness to this process with evidence that we must hear. While counsel is in attendance, I would simply like to make the point that every effort, not just by the staff of this committee and the Chair of this committee but by counsel, should be expended to cause Mr Harfield's early attendance at these hearings.

**The Chair:** Thank you very much, Mr Conway. Mr Tilson.

**Mr Tilson:** I guess my question is just, how are we leaving this? Counsel is going to go out and phone him and find out where he is? Exactly what is happening if he is doing that? We do not know. I mean, we are making all kinds of allegations against him. Maybe it is true, maybe it is not. He should be here. Are you saying you are going to go and phone him? Is that what you are telling us?

**Mr Rust-D'Eye:** Yes, sir. He was here at the time appointed in the warrant originally. To the best of my knowledge, he is in the city and, to the best of my knowledge, he is prepared and wants to testify. I will do everything possible immediately after I leave here to reach him.

**Mr Tilson:** And then you will come back and tell us, will you, when he is available to be here? We would like to see him today.

**The Chair:** Thank you, Mr Tilson.

**Mr Tilson:** No, but—

**The Chair:** I am sorry?

**Mr Tilson:** I am uncertain as to where we are leaving this.

**The Chair:** I can tell you, and I have heard from the comments of representatives from all three parties and to the counsel, just to remind all members, that the Speaker's warrant is one which is of a continuing nature, that the Speaker's warrant is worded as one which requires Mr Harfield's attendance until this committee feels that his attendance is no longer required.

I believe that what we have heard today from his counsel is that the counsel is going to be making all attempts to locate Mr Harfield and to bring Mr Harfield before this committee when he is located, which would be, I believe, immediately, and then to be proceeded with.

I understand from comments from all members, and I think that that is something which all committees recognize who have gone through these hearings, that it is clearly the opinion of all members of this committee that Mr Harfield's testimony is very important.

There is an effected Speaker's warrant on Mr Harfield. We are, apart from the work that is going to be done by our staff and counsel, attempting to contact Mr Harfield and to have him immediately attend before this committee to provide evidence on this matter. That is where this matter has to rest at this point in time, save as to say that the issue as to Mr Harfield's non-attendance, if that be the case at the end of this day, is going to be the subject matter of a subcommittee where we are going to be looking at all of

the options that are available to the subcommittee as a result of the facts as I have outlined them earlier.

I thank you again, Mr Rust-D'Eye, for providing the status of the matter as is known to yourself at this time. I would suggest at this point in time that we would allow Mr Rust-D'Eye to try to locate his client after hearing the comments and the concerns and opinions of all members of this committee, and that we would now move to resume questioning with the minister.

0950

HONOURABLE SHELLY MARTEL

**The Chair:** Good morning, counsel. As you will recall yesterday, the oath was administered. There was a series of questioning which had been commenced by counsel and had not yet been completed, and I would invite Ms Jackson to continue questioning.

**Ms Jackson:** Ms Martel, before I proceed with the events of December 5, can I just go back to one matter that we covered in the evidence yesterday? On November 14, when you met Ian Wood and Nuala Doherty when they were on their way to the Ministry of Health, I take it that is a meeting of which you have no notes. You have no notes of your conversation with Ian Wood and Nuala Doherty?

**Hon Miss Martel:** We were in an elevator.

**Ms Jackson:** Yes.

**Hon Miss Martel:** So no, I have no notes from that particular encounter.

**Ms Jackson:** I am not suggesting there is anything wrong with that, but it is apparent that you do take a lot of notes, and I just wanted to have you confirm for the committee that you do not have notes of that, and so you are going purely on your recollection of that conversation when you testify here today.

Now, we saw yesterday in evidence that by very early on the following morning, Ms Doherty had clearly developed a strongly negative assessment of Dr Donahue and his practice. Do you recall the memorandum we referred to that talked about entrepreneurial greed? I wanted to ask you whether it is possible that in that brief conversation with Ms Doherty she communicated any of that negative assessment or the basis for it to you.

**Hon Miss Martel:** No, my recollection was that there was not much of a conversation at all because we were only going down seven floors. The conversation began with me asking Mr Wood why he was in fact in Toronto, because normally he works in the Treasurer's office in the riding, and he responded to me that he was down doing some other work but particularly trying to get some information with respect to the doctor situation.

I asked the two of them where they were off to at that point, and he said they had arranged a meeting with Ministry of Health staff and were on their way there. The only other thing I said to him was that I would have someone from my staff contact them later so in fact we could have whatever information they had gained from that meeting with Health. To the best of my knowledge, that was the extent of the conversation. They were in a hurry, and as



soon as I got off the elevator I went in a different direction than they did.

**Ms Jackson:** Let me come, then, to December 5, a day when, as I understand it, you had a series of scheduled events in Thunder Bay.

**Hon Miss Martel:** Before you get there, there was one other piece of information that was quite critical to my assessment of Dr Donahue, and that came from a comment made by another dermatologist on CBC on December 3.

**Ms Jackson:** I am sorry, yes. Do you want to tell the committee about that?

**Hon Miss Martel:** I read this article on the same morning that it was given in Sudbury. It was an interview that a Dr Hradsky gave to CBC in Sudbury. Dr Hradsky is a dermatologist who flies into Sudbury every second week and provides a clinic to patients in the city, so she does a bit of part-time work in Sudbury. She also has a full-time practice in Toronto.

In the course of the article, which was not a question-and-answer but very much her making a statement with respect to what was happening in Sudbury, she gave a number of points with respect to her background.

**Ms Jackson:** Can I just point out to you and to the committee that that is found at exhibit 76. Sorry, do you want to just continue with what you were saying?

**Hon Miss Martel:** I found that her curriculum vitae—

**The Chair:** Could I just ask—

**Ms Jackson:** I am told your microphone is not working.

**The Chair:** There is some sort of malfunction with your microphone. If I could ask—and I apologize for this, but I have just been informed—if your counsel could move one seat over, if both of you could move one seat over. I apologize; we have just been given that information, that there is some sort of buzz. I do not want any further interruptions with this, so I would like to just make certain that these microphones are working.

**Hon Miss Martel:** Can you hear me now, Mr Chair? Are they working now?

**The Chair:** Yes. Again, I apologize.

**Interjection:** Ms Edwardh, can you just try yours while we wait?

**Ms Edwardh:** Oh, mine. Hello?

**The Chair:** Thank you very much.

**Ms Jackson:** Miss Martel, you were telling us that on December 3 you became aware of the interview that is exhibit 76. What struck you about it?

**Hon Miss Martel:** Two things, if I might—well, actually three: (1) the very impressive background of the dermatologist in question, who spent some time relating what her own practice was about, what kind of work she did in Toronto, who she assisted with respect to that work.

There were two points that I thought to be extremely important with respect to her assessment of the situation: (1) that she felt she ran a fairly normal dermatological practice and did that with her two staff and, she also said, a Mac computer.

She went through what the comments had been in the paper on the weekend, ie, Dr Donahue saying that he felt he would need somewhere in the order of a billing of \$800,000 to \$1 million in order to have a comfortable income and a viable practice. Following from that, she said to herself, and said this on air: "And I have to ask myself why? What are 14 people doing in a dermatology office?"

Following from that, she made reference to some other comments that had been made by Dr Donahue in the paper which were that patients, particularly having cancer, would have to go to Toronto now for treatment. She again asked why that would be when in fact the city had just opened a new cancer treatment centre, which was brand-new, which was quite functional, where people could go for that kind of treatment.

I think the line that struck me the most was her last comment which was, "There is something dreadfully wrong with this picture." I have never seen, either in opposition or in government, a physician either contradicting or making comments about another physician in public. I have never seen it with lawyers either, so this really struck me because I was quite, quite surprised she would do that and why she would make some comments that I thought were very clear regarding her impression of his practice.

Her impression of his practice was very much one that I had been wondering about, and it certainly reinforced in my mind, rightly or wrongly, that some of my assessments with respect to that practice and what was happening with 14 staff were in fact correct.

I took away from that, given that it was another dermatologist who was aware of clients in Sudbury because she was coming to Sudbury and has been for the last 10 years to treat people, that she would have a fairly good reading of the subject, and her reading of it was quite negative. I took away from that that some of my assessment of what was going on was indeed correct or had some basis and some foundation.

**Ms Jackson:** You say it reinforced your assessment about the 14 staff. Do you mean the question you had raised earlier as to whether there was too much delegation of an unsupervised nature?

**Hon Miss Martel:** Whether there was a need for all that staff in terms of doing what might be considered dermatology, but again the same questions about supervision and monitoring and who was doing what in relation to procedures that were being carried out.

**Ms Jackson:** You had already mentioned the concern about who was doing what and whether they were properly supervised and whether there was overdelegation. Do I understand you to be saying that you also had a concern about whether the 14 people were in fact doing dermatology?

**Hon Miss Martel:** I did not know what they were all doing because I have no broad knowledge of the full extent of Dr Donahue's practice. From some of the people who were calling in, I knew they were doing psoriasis treatment, for example; there would be treatment of some skin lesions, because he had certainly made reference to that in his meeting with us on November 15. I knew they had been doing hair removal, but I did not think that was going



to be going on, because that was going to be going on at his other practice called the Doctor's Studio. So I had no sense other than that of what else he might be doing, what the scope of that was and who in fact might be doing pieces of those procedures.

**Ms Jackson:** I am trying to understand, though, specifically the concern you have about his practice as a result of that. We have the question of overdelegation and undersupervision. Are you saying you had, as a result of this interview or otherwise, a concern that these 14 people were doing something that was not dermatology or something that should not be done in a doctor's office?

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**Hon Miss Martel:** I can only go back to what Dr Hradsky said, which was her own concern, ie, asking herself, "What are 14 people doing?" She had said in the interview that she felt her practice was a "normal" dermatology practice, so she was left with a question in her mind as to what everyone was doing.

**Ms Jackson:** I think, though, it is important to understand what the concern then becomes in your mind as a result of hearing that question.

**Hon Miss Martel:** I apologize. I do not know that there was an additional concern as much as it reinforced in my mind the questions I had already had regarding what was going on in the office, what was the nature of that practice. What it did for me was reinforce in my mind that some of the concerns I had had and some of the misgivings I had had about 14 staff in an office and what they were doing were clearly not ones that only I had but were shared by someone else, someone who I thought was quite important in terms of being another dermatologist.

**Ms Jackson:** Did this interview have any other impact on your assessment of Dr Donahue and his practice? It reinforced the concerns you already had, particularly with respect to overdelegation and undersupervision of 14 staff. Did it have any other impact on you?

**Hon Miss Martel:** I think it convinced me that there was something wrong. When she said at the end of the interview, "There is something dreadfully wrong with this picture," I felt that was a pretty important fact. This is coming from another dermatologist who also practises in Sudbury, albeit not on a full-time basis, but someone else who has gotten on and in a public way made a very significant comment about a fellow physician. I have never seen that before. I have never seen a physician say something like that in public about another. It not only surprised me, but it made me very convinced that in fact something was very wrong with this practice.

**Ms Jackson:** Have we now covered all of the matters that contributed to the impression you had of Dr Donahue when you went to Thunder Bay on December 5?

**Hon Miss Martel:** Yes, we have.

**Ms Jackson:** On December 5, you had for some time been scheduled to have a series of visits in Thunder Bay. You have kindly provided us with a copy of your itinerary for that day and I think it might be helpful, in asking you

to describe what took place, if we start with that itinerary. Mr Chairman, could we mark that as the next exhibit?

**The Chair:** The itinerary as distributed will be marked as exhibit 111.

**Ms Jackson:** Ms Martel, I understand this itinerary reflects the series of visits as originally planned. It is not an after-the-fact statement of what you did, is that right?

**Hon Miss Martel:** There is one additional meeting that does not appear on here.

**Ms Jackson:** That is right. My point simply is this is your advance itinerary, this is not an after-the-fact reconstruction of what you did that day?

**Hon Miss Martel:** Oh, sorry. No, that is correct.

**Ms Jackson:** There is, as you point out, at least one additional matter that was not noted on the itinerary. Could you tell the committee what that was?

**Hon Miss Martel:** On the first page, at 8 am, there was a breakfast meeting with officials from the Ontario Northland Transportation Commission.

**Ms Jackson:** Why was that scheduled?

**Hon Miss Martel:** Well, not only did I have a major problem going on in Sudbury at this time, I also had a major political problem as Minister of Northern Development with respect to a decision that we had made regarding air service in northern Ontario.

**Ms Jackson:** "We" being the ministry?

**Hon Miss Martel:** Yes, in conjunction with Ontario Northland Transportation Commission. That commission operates in northern Ontario a series of trains, buses, planes, ferries, barges and telecommunications. My ministry has a memorandum of understanding with Ontario Northland Transportation Commission that they will undertake some direction from us with respect to broadening or maintaining or changing the delivery of those transportation services in northern Ontario.

The issue at hand at this particular time was a decision that had been made to extend what we would call Dash-8 service into Kenora and into the whole corridor that followed through from Thunder Bay, Sault Ste Marie, Sudbury and then on to North Bay. Originally in December last year I had turned down a request from the community of Kenora to provide such service. They had lobbied very hard to me, along with a number of other people who had lobbied, to take a look at the situation. We had spent some months reviewing it, and indeed in November I announced that we would be extending that service.

Through the course of making that decision I had asked officials from ONTC at three different meetings, three different occasions, whether or not we had the appropriate and ample and sufficient information to make that decision and to know that it would not cost us more money as a government, to have some good idea of people who may in fact be affected and be laid off from other private companies, and that we indeed had a detailed business report with respect to how this would function, if it would break even and in fact if it would make money. Up until this particular meeting I had been assured that was all in



hand and was all looked after, it would be a good news announcement and it would be very positive for us.

Well, it was anything but all of that, and in fact soon after the announcement was made one of the airlines, Bearskin Air, announced that it would be laying off, would probably lose about 21 people in its organization as a direct consequence of this decision. We entered into meetings to try to talk to the management about how we could accommodate those people in our expansion in Sault Ste Marie. All of this became very public; it was raised in the House several times. The Bearskin employees themselves did a tape and interviewed people who were going to be laid off and quite correctly, as a lobbying effort, sent it to all members of the Legislature.

They had called us before I was going up to Thunder Bay and asked if they could have a meeting with me to discuss this and to try and make me change my mind on this matter. I requested that the ONTC officials also come with me so that they could be helpful in defending this particular case to the Bearskin employees and to the broader community as well. There was quite a community effort now against this, and it was causing a lot of grief to my colleague, Shelley Wark-Martyn. The 8 o'clock breakfast meeting was established so that I could sit with them and find out exactly what we did or did not have in the way of information that we could give to people to justify this decision.

**Ms Jackson:** That is in preparation for the meeting with employees of Bearskin at 9:30?

**Hon Miss Martel:** Exactly. I went to the breakfast meeting, and three staff members from ONTC were there. We started to go through the information I thought they had which would have justified the decision we made, and found to my dismay that in fact the information that I had been told we had was not quite there and in fact there was no business study to show that this was going to be a good idea. There had been a real lack of understanding of the impact that this was going to have not only on Bearskin employees but now also on Canadian Partner employees, who had been told that there would be vast numbers of layoffs there as well. In fact I had made a decision and not had any good, ample information to back it up.

So I was sitting at an 8 o'clock breakfast meeting, suddenly discovering that in an hour and a half I was going to have to have a meeting with employees, and I did not have the information to justify this, and I did not have the information to justify what was going to happen at Canadian Partner either. So I was really frustrated at this point because we were in an awful political mess. We had put Shelley Wark-Martyn in a terribly difficult political situation and put myself in an embarrassing situation as well, and I was very, very unhappy with what had happened there.

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**Ms Jackson:** After that meeting, it appears from your schedule you went on to the Red Oak Inn to be driven to the Thunder Bay office?

**Hon Miss Martel:** Correct. That was Michael Gravelle who picked me up from there. We went to the meeting with the Bearskin employees. They had two employees there who were acting as representatives of the

whole group and counsel who was operating for free for the employees at that time. We had a very frank and candid discussion about this, but also one that was controversial as well because at that point I was still trying to find a way to save some face and continue on with the decision and try and accommodate these people within the increasing organization we were going to have in Sault Ste Marie.

They were very unhappy with this and talked a lot about the number of employees who were going to be affected and who they were and how long they had worked for the company and the fact that government money was being used in the public sector and this government money was going to put them out of business and force them to lose their employment. We got into—the best way to describe it is a philosophical discussion about the public versus the private sector, and they were very much of the view that only the private sector should be operating in northern Ontario and there was no role for the public sector with respect to transportation, in spite of the fact that I had pointed out there were many cases where the private sector did not want to go in and deal with the communities, and that is the role we were playing.

**Ms Jackson:** In terms of the response to these employees and the defence of the decision that had been taken and the position of ONTC, was that being done exclusively by you or were you being assisted by others from the ministry?

**Hon Miss Martel:** No, at that point it was being done exclusively by me. In all fairness, though, the employees had asked for a private meeting first with myself without staff. When I left to go on to the press conference, the staff who were with me from ONTC then came in and dealt further with the employees who were there. So at that point I was by myself.

**Ms Jackson:** All right. Coming to that private meeting then, what happened next?

**Hon Miss Martel:** We then went from there. I said to them—at that point I was still quite insistent on proceeding and I had hoped that we could accommodate them and do the best job that we could, and thought we could do that. But I was feeling very much like I was skating on some very thin ice at this point because I really did not know whether we could do that, and in the back of my mind was even thinking at that point that we were going to have to back down and let it go because it had developed into much more of a bigger problem than I had ever anticipated.

We then went to meet with the rest of the staff in Northern Development. I had met with the staff before on recent other trips to Thunder Bay but I—

**Ms Jackson:** When you say "staff" in this context, staff of what?

**Hon Miss Martel:** Mines staff. Staff of my own ministry. When I go into communities where we have an office, I try and at least drop into our own offices to say hello to people. I had not been—

**Ms Jackson:** Is that the 10:30 meeting?

**Hon Miss Martel:** Yes, that is correct. I had not been Mines minister and in Thunder Bay yet, the two together, so I was meeting for the first time a number of the Mines



staff. The whole group, then, did join in as well before it was all over.

**Ms Jackson:** Was there anything eventful at that meeting?

**Hon Miss Martel:** No, it was fine.

**Ms Jackson:** Then what was the next item on your agenda?

**Hon Miss Martel:** That was November and so there were a number of initiatives with respect to sexual assault and the government was making announcements with respect to funding for sexual assault initiatives. We have a great deal of funding that goes into northern Ontario in that regard and so we had asked at least three representatives from groups who would be providing care or counselling with respect to sexual assault to come to the press conference because we would making announcements with respect to money that would be going to them in order to provide that service. We also wanted them to come so that there could be a bit of a public focus on the work that they do, because I think they do very good work and I wanted the community to be able to see that and the community have a recognition of that for them.

We started the press conference, Shelley Wark-Martyn and myself, and we had only started to introduce ourselves when the media interrupted and said: "We want to talk about Bearskin. We don't want to talk about your other announcements that you're going to make." I said to them, "I have these people with me who have been good enough to take some time off work and come here today and they'd like to say their piece," and the media who were present said to me: "Well, we'll only take five minutes. We only want five minutes so we can make the noon newsclip and then we'll get back to the announcement."

The five minutes turned into 35 minutes and through most of that there was quite a barrage of questions because there were a number of media there representing print, television and radio, and it was a barrage of questions about why were we doing this, why were we going to be cutting off all of this employment for these people, why was the public sector in on what should be only a private sector matter, how did I know for sure that the government would not have to put any money into this particular operation, how would I know it was going to make money, and it went on and on. At one point, Shelley Wark-Martyn finally said to one of the staff who was there from Ontario Northland Transportation Commission if he did not think he might—should be helping me with some of these questions. So he got to the table as well and started to try and give some explanation as a general manager as to what was the basis for his recommendation to me to proceed with that. This went on for 35 minutes. There were no questions about the announcement.

When we finally called it to a halt, which we did, the media all got up and left. The three people who had been sitting there, who were waiting to talk about sexual assault initiatives, did not have a chance to say anything. The media had gone, they were quite angry that they had sat there for that long and they were not able to talk about what they did and get that on the air. They were quite

angry that they had in fact wasted some of their time to come that day. So I did the best that I could to assure them that I did really care about what they did. That was why I had invited them, that was why we provided the funding. But all in all it left a pretty bad taste with everyone, just the way it had all played out.

**Ms Jackson:** And following that press conference, what was the next item on your agenda?

**Hon Miss Martel:** We were late leaving the press conference. I then had to speak at Fort William First Nation. They were having a conference on economic development.

**Ms Jackson:** This was a lunch speech, was it?

**Hon Miss Martel:** Yes, it was. They were having a conference on economic development and as my ministry provides a number of initiatives for economic development, particularly with respect to native peoples, they had asked me to come and talk about some of those initiatives. By the time I got there the lunch was over, so I had half a bowl of soup while they waited for me to finish in order that I could start and not make them too late in their schedule. I did that, I gave the speech that I had, we talked to a number of people who were there and then we left because at this point we were starting to run really late.

**Ms Jackson:** And what was the next item? The next item on your agenda appears to be a tour of the Faye Peterson Transition House. Did that occur?

**Hon Miss Martel:** This was a great meeting. Faye Peterson Transition House is one that my ministry funded through the anti-recession program. It is a shelter for women and children, and we went there. I know the staff very well. It was a great meeting; we saw the whole facility for the first time—it had not opened at that point—and it was just a wonderful tour. There was nothing wrong with that at all.

**Ms Jackson:** All right. Then what was the next item on your schedule?

**Hon Miss Martel:** Well, the next item was one that you do not wish on anyone, in the sense that it was a really controversial demonstration that was going on at Shelley Wark-Martyn's office.

**Ms Jackson:** Was that in fact what was scheduled?

**Hon Miss Martel:** No, it was not scheduled. She had decided to have an open house. Her riding association had called and they had called around to their membership and they had put it in the paper that I would be there so the folks could come and meet me. We had blocked a good part of time to do that, so I would be able to—

**Ms Jackson:** And that is the item that is down for 3 to 4:30?

**Hon Miss Martel:** That is correct. However, earlier in the day, about 50 airline pilots from Canadian Partner had been given layoff notices from their employer, and their employer had told them that the reason that they were being laid off was because of the government decision to extend Dash-8 service into a corridor in which they were operating. There were at least, I would say, 35 to 40 pilots there, all in their uniforms; a number were with their wives, and there were some children as well, and they had



come to the open house so that they could actively demonstrate against this particular decision. They were all inside her office because it was terribly cold that day.

So I went in; I saw them all there. I recognized that I was in more trouble than I really wanted to be at about this point in time. However, I went around the room and I shook everyone's hand and then I stopped and I put myself in the middle of the room and I said, "I understand that you want to talk to me and so I am prepared to hear what you have to say and let's talk." And then it started.

A large number of people moved quite close to me and demanded to know why we had made this particular decision, demanded to know upon what basis we had made a decision that was going to cost them their jobs. A number of women moved in closer and said, "Well, I would like you to explain to my kids why their father is not going to have a job any more." A number of people started pointing and coming quite close who were saying: "You have made a terrible decision. We want to know why. You have no right to have us laid off. You have no right to make this kind of decision. The government has no right to use our public taxpayers' dollars against us. You are putting us out of work," etc.

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It went on like that for half an hour. I tried the best I could to respond, using some of the information that we had to make the decision. After it was well over half an hour, Shelley Wark-Martyn came in—she was somewhere else and was late—and went to the ONTC officials who were standing on the stairs quite far away from me, not saying anything. I went and told them that perhaps she should join me and help me or assist me in giving some reason as to why we were making this decision, because the decision had been based on information they had given me. So they finally came down and stood beside me and started to deflect some of the criticism and started to talk to some of the pilots who were there as well.

At that point, I moved back out of the circle that had come around me and I started to move around the room. There were other people who were there who were Shelley's constituents who had nothing to do with this but had also taken the time to come out, and I wanted to be at least able to say hello to them and talk to them. So I started around the room to do that.

I got to the far corner of the room and I turned around. A pilot had come in on this side towards me and stopped very close to me and looked at me and said, "Why are you forcing me to lose my job?" He started pointing in my face. He was quite close to me and I tried to back up, but there was a woman who was behind me and I could not go any further because I was going to be sitting on her. He kept pointing and saying: "When I am finished for good, I am coming down to your office at Queen's Park and you are going to have to apologize to me for putting me out of business. Are you going to do that? Do you have enough guts to do that? Do you have enough courage to come and say 'I'm sorry' when I come down and ask for your apology?" I was trying to say to him: "Look, we are trying to find a resolution. There is no guarantee that that is what is going to happen." He just kept insisting and pointing in my face.

Three others came this way. They were not pointing, but their concerns were the same and the circle closed in quite close to me again. At that point, I was just very, very anxious about how this was all going to end.

Peter Dymont, who had been with me from ONTC, finally told the group that he would be prepared to meet with one of their reps from the association and the president of the company as well, and that that meeting would take place in Toronto the following week. While that did not satisfy people, it seemed to be enough for the moment to have them finally leave. But that did not occur until 5 o'clock and that whole thing went on for almost two hours. Almost all of it was concentrated on people being very close, a lot of finger pointing, a lot of yelling and a lot of very unhappy people, so it was a very difficult situation. It was one that unnerved me a great deal.

**Ms Jackson:** And you had been scheduled to leave there at about 4:30. You said it went on for almost two hours. It sounds as though you left closer to 5.

**Hon Miss Martel:** We did not leave there until 5:15, actually, because there were some media who had stuck around who then wanted to do clips from what had happened and wanted my comments. I did not have very much to say at that point other than, "Look, I hear what the people had to say—they made that loud and clear—and I will do what I can to try to resolve their situation."

**Ms Jackson:** The next visit on your agenda is to a transitional learning centre. Did you go there?

**Hon Miss Martel:** Yes, we did.

**Ms Jackson:** Was there anything untoward that happened at that visit?

**Hon Miss Martel:** No, that visit was fine. Again, it is a project that we had put some money into. When I had been there a year before, it was only in the building stage. Now it was complete and there were staff and residents there. There was no problem there.

**Ms Jackson:** And then the next visit that was scheduled on your agenda was at 6 o'clock to attend the Canadian Institute of Mining and Metallurgy Christmas reception, and you went there?

**Hon Miss Martel:** I did.

**Ms Jackson:** Were you late arriving?

**Hon Miss Martel:** Yes, we were. Not very late, though.

**Ms Jackson:** And just before we go into what happened there, can you briefly tell the committee what was ahead of you in terms of the balance of the day?

**Hon Miss Martel:** I had to make two more speeches yet that evening. One I had had a chance to read only once. The other one was not fully prepared, it was handwritten notes at this point in time. That was to Shelley Wark-Martyn's riding association. The meeting that I had to give the speech to, which was the meeting after the Christmas reception—

**Ms Jackson:** That is the one at 7:30?

**Hon Miss Martel:** Yes. It was to the Northwestern Ontario Prospectors Association, and we already knew that



that was going to be confrontational. This is a group that has been, rightly or wrongly, very unhappy with some of our policies. They are very concerned about the state of mining in general in the province, and wanted me there (a) to make a speech, but more importantly for—at that point they had wanted a question-and-answer period an hour and a half long with respect to what I was or was not doing as minister to try to aid their cause. It had been a group that had publicly in some cases said some fairly nasty things about me so I already knew that that was going to be controversial. I also had only read the speech once, so I was not really clear of the content, but I knew it was going to be a difficult question-and-answer period.

The speech to Shelley's riding association I assumed was going to be fine, because a lot of her association were people that I already knew.

We were to leave from there and get into a ministry van. We had two staffers from the Mines section who were then going to be driving us to Manitouwadge because we started in Manitouwadge fairly early the next day and we were worried that we might not get there in the morning if we took a plane. So we had yet a four-hour drive in front of us and we were not due to leave till 10.

**Ms Jackson:** When you arrived at the Canadian Institute of Mining and Metallurgy Christmas reception, what happened?

**Hon Miss Martel:** We went in, hung up our coats and made our way to the area where the reception was being held and signed in. At that point in time a decision was made that I would go around the room and meet the clients with John Mason, who was one of the Mines staff who works in Thunder Bay. The clientele who were at the reception itself were clientele from the Ministry of Mines and it was to be—I was not to make any speeches. I was only to go around the room and say hello to people, wish them a merry Christmas, ask them how they were doing etc.

**Ms Jackson:** You have described them as clientele of the ministry. I think you should perhaps explain what you mean by this.

**Hon Miss Martel:** Sorry. It was a mining event, and I was there in the capacity of Minister of Mines, so the people who were there would be some prospectors and developers. They would be people who sold mining equipment, for example. They would be officials from mining companies who were going to be there, most of them with their wives.

**Ms Jackson:** So the people whose livelihood is affected by what the ministry does. Is that what you mean when you say "clientele"?

**Hon Miss Martel:** Yes, very much affected by what we do.

**Ms Jackson:** All right.

**Hon Miss Martel:** Not only us; the feds, too—but a lot of what we do as well.

**Ms Jackson:** Fair enough. So you started around the room.

**Hon Miss Martel:** I did. I started around the room, and I was in tow with John Mason. We started around the

room this way, and our intention was to come around in a circle. We got over to the right-hand side of the room—

**Ms Jackson:** So you are about a quarter of the way around the room, are you?

**Hon Miss Martel:** Yes, that is correct. We got there and as we were approaching there was an elderly gentleman who was standing waiting for us. John Mason, the ministry staff, said: "This is a Mr Petrunka. He comes to see us quite often in the ministry office. He is a character," and he said that in a positive sense. "He has written us a letter as well, which I have not finished responding to, so you have not seen it." He was telling me that. "But he has some concerns and he will want to raise them with you." We went up and met Mr Petrunka, said hello to him, and he indeed talked about the letter that he had sent and raised some of this concerns with mining, so we were talking about some of the concerns and the state of mining at that point. So we were standing together.

John Mason was on my right-hand side, and out of the corner of my eye, another gentleman was brought into the circle. I turned to greet him, and he was introduced as Mr Dodds. I shook his hand and said, "Hello." I remember being told that his company was Trow, but I did not catch the rest of it at that point in time.

We began to chat. I asked him how his business was going, and he talked to me about some of the problems in the industry, what was happening in terms of his own business, the state of mining in general in the province, all of which I agreed to, that there was a low level of exploration. I said some of the problem was at the federal level as well, and he agreed to that.

And so we were talking about his business, and then all of a sudden, from this side, into the circle—

**Ms Jackson:** From your left.

**Hon Miss Martel:** This way, into the circle, comes Mrs Dodds. She does not say "Hello." She does not say "Hello," "Goodbye," or "How are you?" or anything. The first thing out of her mouth is, "Why is the NDP driving the doctors out of Ontario?" I was so taken aback because I would never normally do that to anyone, minister or not, and I was quite taken aback by how—well, in fact, how rude the interruption had been, when her husband and myself were discussing this quite—chatting and there was no problem. But the first words were out, "Why are you driving all the doctors out of Ontario?"

I looked at her. I was very taken aback and I said: "Well, we're not driving doctors out of Ontario. What are you talking about?" And she said to me, "Well, why does the government think it has a right to determine what a doctor can earn in the province of Ontario?" I was really surprised by that and I said: "Well, because we pay for it. I mean, the public pays for health care in this province and if we want to have a system that we can protect, we have to get control on some of the costs. And one of the biggest costs in the health care system right now is physicians' incomes and those have increased quite dramatically in the last number of years. So if we're going to get a handle on this system we've got to get a handle on some of those costs."



1030

We started to interrupt each other and that happened during the whole course of the conversation. She said to me that she thought that doctors had a right to bill whatever they wanted, whatever fee for service could provide, that whatever doctors billed was what they should be able to get back, and I said to her that I disagreed fundamentally with that and I said: "Look it, I'll give you an example. I don't think a general practitioner should be able to earn over \$400,000 a year. If a GP is earning over \$400,000 a year, then he's got to be seeing a heck of a lot of patients and those patients have to be coming in and out of his office like this, and that's not good health care when you run people in and out of your office. As a physician you don't give them any good health care and as a patient, they don't even have a chance to talk to you about what their problem is." So I said: "I don't think any GP should have a right to earn over \$400,000. I disagree."

She then said that she thought—it was her opinion that some people, or the public, should pay for parts of health care anyway, should pay for that out of their own pocket. And again I said to her: "Well, I don't believe that. I believe in a universal system. I philosophically and fundamentally disagree with you because I don't think that people should have to pay out of their own pockets for a health care system in this province," and it was quite confrontational. We were interrupting each other. I was very agitated and frankly, I felt, so was she. She then said to me: "Well, I disagree with you. People should be able to earn whatever they want and, anyway, lots of physicians are leaving Ontario as a result of this." And I said to her, "Nonsense." Her husband at that point interrupted and he said, "What about that Dr Donahue?" And honestly—

**Ms Jackson:** And he used the name?

**Hon Miss Martel:** It was like he just pressed a button, because of all the people I was trying to help in Sudbury, of all the physicians, he was the last one who I thought had a legitimate case with respect to an exemption. Frankly, it was just as if he pressed a button, and at that point I lost it. I lost it and I said, to the best of my recollection, three parts of this conversation. I talked about having seen a file. I said that clearly and I used the word "file." I talked about charges. I do not know if I said, "He should be charged," "He would be charged," "We're going to charge him," "There should be charges." I talked about charges, and I also used the word "criminal."

Let me just back up and try to go through what I meant when I said that. I have never seen a confidential file for this doctor or for any other doctor ever, and I had no access to it at that point in time and I never have at any time. When I talked about "file" to her I was talking about all of the information that I had gathered with respect to this particular physician and his situation. I had files in my riding office with all kinds of letters of complaints coming in. I had files in my Toronto office on the front of my desk with respect to the underserved area program, memos that had come from Nuala and Larry Corea about him. I had packages with respect to the underserved area program and what he could and could not be exempt, and I

had a huge media file about everything that he had had to say. When I said "file" to her I meant all of the information that I had pulled together on him, which left me with a very, very bad impression about his particular case.

The reference to charges: There is no doubt and it is quite correct that Mrs Dodds would have walked away from that conversation and thought that at some point very soon charges would be laid against Dr Donahue. That is not the case, that was not true. I had no knowledge at that point in time that there would be charges. I had no idea what kind of charges could be laid, even, in that case. I was not in any position or trying to bring about any charges. That was completely untrue and I have no knowledge even to this day of what kind of charges could be, if there was. I certainly know I was not at that point taking any steps to have any kind of charges laid.

The use of the word "criminal": I certainly said that, "It's criminal," and that was very much a reflection of how I felt about the whole situation that had gone on in Sudbury, particularly with respect to Dr Donahue. I felt then, and frankly I feel today, that I had been personally manipulated by him, that the community had been manipulated, because he had never from the start provided them with the factual information about his particular situation. He put out all kinds of information with respect to his finances, which were completely contradictory but left people very frightened that he was going to leave. In my community, given what he had done, there was an overwhelming sense of hysteria and fear and anxiety that Dr Donahue was going to leave, that he was going to be the first of many and there would be a flood out of our community of specialists. I really resented that that had happened, because I felt it had been totally unnecessary, totally uncalled for and frankly, from start to finish, that I personally had been used in this whole endeavour. That was how I felt at the time and that, to the best of my knowledge, is what I said and to the best of my recollection why I said it.

**Ms Jackson:** May I back you up first of all and just ask you—you said that Mr Dodds said, "What about that Dr Donahue?" Are you confident he used the name?

**Hon Miss Martel:** Yes, I am.

**Ms Jackson:** You said you recall that you definitely said the three things and that one of them related to charges and one of them related to it being criminal.

**Hon Miss Martel:** That is correct.

**Ms Jackson:** Is it possible that what you said was that he would be subject to criminal charges?

**Hon Miss Martel:** No. My recollection is that the "criminal" came after, and it was in the context of how I viewed the entire situation, that I thought it was abhorrent, that I thought it was unfair.

**Ms Jackson:** That you thought it was—what was the first word?

**Hon Miss Martel:** Abhorrent.

**Ms Jackson:** Abhorrent and unfair.

**Hon Miss Martel:** It was a reflection in my mind of the whole situation that was happening in Sudbury.



**Ms Jackson:** So by "criminal," you meant it was abhorrent and it was unfair?

**Hon Miss Martel:** That is correct.

**Ms Jackson:** Taking the three parts of your statement, the first, that you had seen a file, was, as you used that word, true? You had seen a file, as you used that word?

**Hon Miss Martel:** Yes, but what has come from there is that I have somehow seen a confidential file, which I have never seen.

**Ms Jackson:** And you have clearly stated that, but in terms of how you used the file, namely, "information I have," that part of your statement, as you were using those words, was true?

**Hon Miss Martel:** That is correct.

**Ms Jackson:** Then the last part of your statement, you are using the word "criminal" as in the sense of it is abhorrent and unfair?

**Hon Miss Martel:** That is correct.

**Ms Jackson:** So that part of your statement, as you used those words, is true?

**Hon Miss Martel:** That is right.

**Ms Jackson:** The middle part of your statement, that there were or were going to be charges, is absolutely untrue?

**Hon Miss Martel:** That is correct.

**Ms Jackson:** And I think you have sometimes described that as a lie?

**Hon Miss Martel:** That is correct. That is what it was.

**Ms Jackson:** Miss Martel, some people would certainly understand that in a moment of anger, after a difficult day, one might use excessive language or be unusually brash or rude or even blurt out something that you were not meant to say, but some people will have difficulty understanding how anger, however intense, could lead to a lie. Can you explain it any more than you have?

**Hon Miss Martel:** Miss Jackson, I think that if I could explain it any more, I probably would not be here right now. I cannot explain any better than I have tried to during the questioning in the House and what I have said today as the reason for this. I was very angry. It had been an awful day from start to finish. I had in the back of my mind, before I arrived at that conversation, certainly a very bad impression about Dr Donahue, and when his name was used in terms of trying to say, "Look, this is an example of someone who is so hard pressed by your policy that he is leaving the province," that was it. All my feeling of anger and frustration that I had felt about the way he had handled the situation came right there. I do not know how else I can explain it to you. I certainly understand how awful it sounds and what impression that leaves with respect to me in the public. I have known that ever since this has happened. However, I cannot explain to you any better than that or add any more than that, I think, about why I said what I said.

**Ms Jackson:** Would you describe that as a normal reaction for you when you are angry?

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**Hon Miss Martel:** No, I do not make it a habit to go around and say things about people, either in my private life or my public life. I recognize there are standards that all of us are expected to live by as MPP. There are further standards that I am expected to live by because I am a member of a cabinet. I do my best in the course of my duty, both in private and in public, to live up to that, because I understand how important it is for the public to have a sense of trust and a sense of faith in its politicians and, in particular, cabinet ministers.

I do not, as a normal course of events, fly off the handle in the way I did in Thunder Bay and say the kind of things I did at that point. I do not conduct myself in that way. Why I did that particular evening in the course of what was happening, in the course of my conversation with Mrs Dodds, and being goaded on and on, and then trying to shut it down, I can only say to you I have tried the best I can to explain it to you.

**Ms Jackson:** The day you have described was certainly a very busy one; as I understand it, one of the busier ones you have had throughout the whole fall session. Is that right?

**Hon Miss Martel:** We checked back, in doing a third-quarter estimate, as we normally do, of all the meetings I have and all of the tours that I do. It was the worst day that I had from September to the end of December of last year.

**Ms Jackson:** In terms of the number of events.

**Hon Miss Martel:** And the speaking engagements. I have never had three on the same day.

**Ms Jackson:** And it was a difficult day in terms of the Bearskin issue you confronted.

**Hon Miss Martel:** I also do not normally get protests that are demonstrated against. I know that happens in the course of events to all of us. It has not normally happened to me. Not only were there pilots there who were going to lose their jobs, but there were wives and there were kids, and I think that made it all the more difficult.

**Ms Jackson:** While it was an extremely busy and very difficult day, you would agree, I think, as a minister, that a minister has to face from time to time very busy and very difficult days.

**Hon Miss Martel:** That is correct.

**Ms Jackson:** Including that kind of day.

**Hon Miss Martel:** That is correct.

**Ms Jackson:** Did you, after you had made the statements you did to Mrs Dodds, attach any particular significance to them or importance at the time or immediately thereafter?

**Hon Miss Martel:** No, I did not.

**Ms Jackson:** When did the conversation you had with Mrs Dodds start to become significant in your mind? When did you realize it was not something that had just happened and was over?

**Hon Miss Martel:** I walked away from that conversation and I did not think any more about it until late Friday evening when I arrived in Kenora. I continued on with my



tour. I was in Manitouwadge and Marathon the next day. The ministry staff drove me back to Thunder Bay. I got on a plane and arrived in Kenora about 11:30 Kenora time that evening. I went to the hotel where we were staying and there was a message marked "urgent" from my executive assistant, MaryLou Murray, so I called her at that point in time.

It was 12:30 Toronto time, and she said to me when she got me on the phone, "Did you have a meeting about doctors last night in Thunder Bay?" I said no. She said to me, "Did you have a conversation with anyone about doctors when you were in Thunder Bay?" I said no. She said, "Shelley, did you say something like this to anyone when you were in Thunder Bay," and she had, at her end of the line, written down three lines of comments that she relayed back to me. These were the comments Mrs Dodds had made public at the freedom of information conference she was at. She repeated those lines to me and said, "Did you say that?" I said, "Yes, I may well have," and that was my first recollection of what had gone on Thursday night.

**Ms Jackson:** When she told you this had been said at the conference, what, if anything, did you decide to do about it?

**Hon Miss Martel:** My initial reaction was to feel quite ill. I said to her: "We have to find this woman. I have to apologize to her, because what I've said is not true." She said, "Do you know who it was?" I said, "No, I don't have any idea who it was," and she said: "Look, why don't we wait till tomorrow morning. I'll call the Premier's office in the morning. I will talk to them and relay what has happened. In the meantime, you, from your end, try and find out who it was you made the comments to." So we agreed to do that and that we would get in touch with each other in the morning, and I hung up.

**Ms Jackson:** Did she say where she had learned of these comments?

**Hon Miss Martel:** I am sorry. I do not know if it was that day or when I got back to Toronto that the story unfolded in terms of where this had been made public.

**Ms Jackson:** Right.

**Hon Miss Martel:** I know it now, and I knew it shortly after, but I cannot tell you with any certainty that she described to me that night what had happened.

**Ms Jackson:** What do you now know had happened?

**Hon Miss Martel:** That Mrs Dodds had been at—at that time I did not know who it was, but a woman had been at a conference that Dr MacMillan was at. Dr MacMillan was on the panel and he was talking about protection of patients' files under freedom of information and how that was kept confidential. This woman got up at the meeting and asked him what was being done to protect the confidentiality of doctors' files. He asked her in some way what she meant, and she said, clearly, at this conference, that she had had a conversation with the Minister of Northern Development—named me—the night before and that I had said I had seen a file of a physician and that there were going to be charges.

That was my understanding of what had been relayed, to the best of my recollection, publicly at this meeting. How it came back to us was in the following way: Some staff from I believe it was Cabinet Office were at this particular conference. They came back and called a person who was—it might not have been Cabinet Office, excuse me. The person who called us was from Cabinet Office, so someone who had been there, ministry personnel—I do not know which ministry, not ours—but ministry personnel called a woman in Cabinet Office and called her to relay to her what had happened.

**Ms Jackson:** What is the name of the person in Cabinet Office?

**Hon Miss Martel:** It is Judy Wright. She called my executive assistant and asked if she was aware if I had had a conversation with a woman in Thunder Bay the night before. MaryLou said not that she was aware of, that I had had a pretty full day and there was no room on my agenda for another meeting on anything. Judy said this had taken place, this knowledge had been made public at this particular conference and MaryLou should call this particular woman and trust that whatever she had written down with respect to what the woman had said would be indeed what the woman had said. Whatever had been written down by this particular person who had been at the meeting recounting what Mrs Dodds had said, we were to take that as very much fact. So MaryLou did call, copied down what she had written, and that was what she used to read over the phone to me that night.

**Ms Jackson:** Had she heard from anybody else about the conference?

**Hon Miss Martel:** Yes, she heard from Dr MacMillan, who called. Dr MacMillan was very unhappy about the whole thing because he felt it left people with an impression that he had somehow leaked confidential information to me. He was very upset about that, and that his position as head of OHIP was somehow compromised because of the comments. She said to him very clearly, no. She knew very well we had received nothing confidential. She was quite aware of that, was not sure what I had said, but certainly would track it down and try and sort it out. So he had called in the afternoon as well.

**Ms Jackson:** After the conversation with MaryLou, what steps did you take to find out who the woman was whom you had talked to?

**Hon Miss Martel:** In the morning I had a breakfast meeting with the mayor of Kenora and the reeves of the outlying district.

**Ms Jackson:** We are now at Saturday morning?

**Hon Miss Martel:** Yes; excuse me. Before that began, Kathleen O'Hara, my communications assistant who was travelling with me for that portion of the tour—she joined me on Friday night in Thunder Bay—got on the phone and called back to the ministry staff who had been with me at the Canadian Institute of Mining and Metallurgy reception. She asked them who I had been speaking with. They started to go through a list of people and she said: "Particularly, there would have been a man and a woman who were



together. There was a conversation going on about doctors. Do you remember who it might have been?"

We were finally able to track down, through John Mason, that the woman and the man who we were speaking with were Mr and Mrs Dodds.

**Ms Jackson:** And did you hear anything more from MaryLou about her contact with the Premier's office that morning?

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**Hon Miss Martel:** Not at that time. Kathleen then got in the process of trying to find MaryLou. I had an 8 o'clock breakfast meeting and I just continued with the rest of the tour that we had. So I went to the breakfast meeting and met with the mayors and the reeves who were there. We then went to Women's Place in Kenora, which provides sexual assault counselling etc to women. We went there because we had some announcements with respect to funding we were providing for them as well for these initiatives. We went there and did that press conference, and we arrived back at the hotel, Lake of the Woods, about 11, 11:30, and packed up all our stuff.

She had not been able, as far as I can remember, to get hold of MaryLou at that point. I could be wrong about that, because my recollection of those next 48 hours is quite blurred. However, she was in the process of trying to contact MaryLou. I myself did not speak to MaryLou again until we reached Ignace. We were driving from Kenora to Atikokan because we were having a dinner with the community that evening to celebrate the reopening of the saw-mill. We had put some money in there and had a new organization that was running it, so we were there for a community celebration. We stopped in Ignace, and it was at that time that I talked to MaryLou.

**Ms Jackson:** And what did you learn?

**Hon Miss Martel:** She had contacted the Premier's office and relayed to them what had happened. The Premier himself was in Saskatchewan that weekend, along with David Agnew. She was discussing this matter with Melody Morrison on the Premier's staff. Melody was in the process of contacting, as I understood it, the Premier or David Agnew to relay what had happened. She had also, at that point, contacted the ministry lawyer, Mr Steve Stepinac, and asked him for his advice on what should be done. She relayed to him the conversation, asked him what he thought about it and what we should do. He told her that she should get on the phone to Mrs Dodds immediately and she should tell Mrs Dodds as clearly as she could that the statements that I had made were unfounded, and that she should ask Mrs Dodds not to repeat them. She wrote out the instructions that he had given her with respect to what she should say to her.

So she got on the phone and she did just that. She called Mrs Dodds and she repeated to Mrs Dodds exactly what our lawyer had told her to say, which was that the comments that I had made were not true and that she should not repeat them because they were not true.

**Ms Jackson:** Had that conversation already taken place when you spoke to her?

**Hon Miss Martel:** Yes, it had.

**Ms Jackson:** And was there any instruction or advice from the Premier's office as to what you should be doing about this?

**Hon Miss Martel:** The Premier's office, via Melody, told us to keep going with the rest of the tour. It was our understanding from that, from conversations during the course of the next 24 hours—that my staff are probably better to relay than I, frankly, because I got it third-hand—as we went back and forth and told them what we were doing, that in fact this was not a matter that I would be resigning over. We were told to keep going; this was not a matter to resign over.

**Ms Jackson:** But was there any other advice as to what you should do about it?

**Hon Miss Martel:** No. By the time we got to Atikokan and called MaryLou again and checked in with her, she told me that arrangements had been made for me to see a lawyer that Sunday morning, so that when I got into Toronto, I and Kathleen should proceed directly to the ministry office and there would be a lawyer, Mr Porter, who would be there, and he would be acting as counsel for us on this particular matter. She had gotten his name through another lawyer who was a friend of his. Actually, our deputy had made all those connections. So she had made those arrangements by the time I talked to her at 7 in the evening, and the instructions that I had were to proceed directly to the ministry office and he would be waiting to go through the matter with me at that time.

**Ms Jackson:** So the next morning you flew to Toronto?

**Hon Miss Martel:** That is correct.

**Ms Jackson:** And you met with Mr Porter?

**Hon Miss Martel:** That is correct.

**Ms Jackson:** And who else was present?

**Hon Miss Martel:** MaryLou Murray, my executive assistant, and Kathleen O'Hara, who is my communications assistant.

**Ms Jackson:** Now, you know, Ms Martel, that you cannot be obliged to describe the advice you were given in that meeting.

**Hon Miss Martel:** I do, but I will waive that.

**Ms Jackson:** All right. Can you tell the committee what happened?

**Hon Miss Martel:** Yes. Mr Porter asked—

**Ms Jackson:** This is Julian Porter?

**Hon Miss Martel:** Yes, it is. He asked me to explain to him what I had said and to go through very carefully what I had said. I did that to the best of my recollection. He thought about it for a time. He asked questions. He went back and forth. There was a discussion on what had happened and why. He felt at that point that while there would be a chance, a good chance, that I would also have a libel suit against me, he thought at that point in time, and told me clearly, that he thought my more important problem was a political one and that I should also try and get some political advice because he did not think, given his background and his own political persuasion, that he would be the best person to give that to me.



He told me at that time that our next plan of action was to take every step that we could to minimize any of the damage that might come to Dr Donahue, and so he outlined for me a course of action, which I followed. We sat down together and we put together a script of what I could or could not say when questioned about this, and that was the script that I then used in the Legislature from that point on.

**Ms Jackson:** Do you have a note of that script today?

**Hon Miss Martel:** The note that we have is a note that took part of that script and was used in a media interview at 5:30 on Sunday afternoon. The press had picked up wind of this, through what measure I was not clear even at that time, and we sat together and pulled from the script I was using in front of me when I made calls, to use for me when I called the media. So I do not have in any of my notes now the exact script that he prepared, but to the best that is possible, it appears in a piece of paper that I used with media interviews.

**Ms Jackson:** All right, and we can find that in the notes that we marked as exhibit 107 yesterday. About two thirds of the way through you have a note that, both in the handwritten version and in the typed version, has in the middle of the page in big letters "Don't get lured into this." Do you have that note, Ms Martel?

**Hon Miss Martel:** I do.

**Ms Jackson:** Do you have that note?

**Hon Miss Martel:** Yes.

**Ms Jackson:** And using that note, what is the best recollection you have of the script that you and Mr Porter put together?

**Hon Miss Martel:** Julian made it very clear that I should not under any circumstance do two things: (1) I should not repeat the doctor's name at any time; (2) I should not repeat the comments that I had made, and under no circumstance should I repeat those either in the House or to the media, or to anyone else for that matter, because in his view that would just make what was already a bad situation even worse and it would cause me probably in the long run some more legal difficulties, more than I already had.

So the script that we put together was that I had made remarks in a private conversation, this conversation was very heated, the remarks that I had made were unfounded and they were not based in fact, that I had contacted those who had been involved in the conversation or who had been implicated by it and I had offered them my apologies and that those apologies had been accepted. I was told not to say any more than that, if at all possible.

**Ms Jackson:** After you had worked out this script, what did you then do with it?

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**Hon Miss Martel:** The first call I made was to Mrs Dodds. I called Mrs Dodds, I think, a little before noon on Sunday morning.

**Ms Jackson:** Who was present when you did?

**Hon Miss Martel:** Mr Porter was standing in front of my desk listening to me, and MaryLou Murray was on this

side of my desk, so both of them were in the room at the time I had the conversation with Mrs Dodds.

**Ms Jackson:** Do you have a note of that conversation?

**Hon Miss Martel:** No, I do not think that I do, because what I was using was the script that we had worked out before I started to make any calls, and that is the script that appears almost intact in the conversation with the media.

**Ms Jackson:** Just before the note we were looking at, there is a handwritten note about, "Mrs Dodds—Mr Petrunka—not sure if he heard any of this."

**Hon Miss Martel:** Mm-hmm.

**Ms Jackson:** Does that relate at all to your conversation with Mrs Dodds?

**Hon Miss Martel:** No, it does not. It relates to a conversation I next had with John Mason.

**Ms Jackson:** All right. And can you, to the best of your recollection, describe what you said to Mrs Dodds?

**Hon Miss Martel:** I called Mrs Dodds, I identified myself and said that I was calling with respect to the conversation that we had had on Thursday night. I told her I was calling to tell her that the remarks that I had made were unfounded, they were not based in fact, and I would appreciate it very much if she did not extend that conversation to anyone else. I told her that I was calling to apologize to her and to all of the others who had been involved in that or implicated by it. She said to me, "Well, I hope you are calling that physician," and I said, "Yes, I will be calling a physician."

I asked if she would extend my apologies to her husband, and she said that she would do that, and she added that she would also extend my apologies to the other person who was involved in the conversation. I said to her, "No, I will be calling John Mason myself," and she said, "No, I don't mean John Mason." I said, "Well, then, I am unsure who you are talking about," and she said, "I mean the other person who was involved in the conversation." I said, "Well, I'm afraid I don't know who that is." She insisted that she would talk to him herself and I insisted that I would like to know who it was because I was making the apologies myself directly to people. She told me that she thought Mr Petrunka had been involved in the conversation as well, so I assured her that I would talk to him myself directly because that is the way I wanted to handle it at that point in time.

She thanked me for calling, said it was most gracious of me to do so, and then we hung up. The conversation was no more than about four minutes.

**Ms Jackson:** Did she give you any indication of whether or not she would repeat what you had said?

**Hon Miss Martel:** She gave me no indication at all as to what she would do next.

**Ms Jackson:** Right. After that conversation, what did you do next?

**Hon Miss Martel:** I called Mr Mason.

**Ms Jackson:** And that is the note that is just before the one we have been looking at that starts with the words, "Mrs Dodds—Mr Petrunka"?



**Hon Miss Martel:** That is correct. I called Mr Mason and he was at church, so I asked his wife if she would be so good as to have him call me at the Toronto office directly when he got in, and she said that she would.

At that point in time, Kathleen was trying to get a phone number for Dr Donahue because his phone number was unlisted. So when she went through the phone book and realized that, we talked to each other about who we should call, who might have it. So we agreed that we would call Dr Abdulla and see if he could get it for us. Kathleen talked to Dr Abdulla and he said he would try the hospital, his own hospital, Memorial, and see if he could get a telephone number for us. So he went away to do that on our behalf.

At that point, Julian had also said that it was important that we send follow-up letters to the people who we had talked to, to outline my conversation with them. So he sat with MaryLou and started to draft a letter that we were preparing for Mrs Dodds. MaryLou had asked for a fax number when she had called Mrs Dodds. My understanding is that she had also told Mrs Dodds that I would be calling, and so had asked for both a telephone number and where she would be on the Sunday. So we had her fax number. The two of them set about putting together a letter that we could send to her later that evening outlining the conversation that she and I had had and to again extend my apologies.

At one point Dr Abdulla called back. He had been unsuccessful in obtaining a phone number for Dr Donahue, but he told us we should try Dr de Blacam because he felt Dr de Blacam would have it. We tried Dr de Blacam, and again a young child answered the phone and said he was gone to church. So we asked if he could call our office when he got back in, and we would try to track down the phone number that way.

**Ms Jackson:** In the meantime, though, you had spoken to John Mason.

**Hon Miss Martel:** No. This was going on. John Mason called somewhere in that time frame. I talked to him. I said I was calling as a result of the conversation that I had been involved with with Mr and Mrs Dodds that evening. I said to him that during that point of the conversation, I had said some things which were unfounded, they were not true, and I would appreciate if he would not repeat any of that conversation. He told me that he had not understood most of what went on, in any event, but he understood that both she and I had appeared to be agitated and that it had been a hostile conversation. But he could not recollect any details of it other than there had been some mention of doctors.

I asked him if indeed he recalled whether Mr Petrunka had been part of this conversation or not, and he said that he believed he had not, that in fact he felt he had moved away quite far from the circle at that point in time and could not possibly have heard any of the conversation. I said to him that in any event I wanted to be sure that I talked to him, so he looked up in the phone book in Thunder Bay and got Mr Petrunka's phone number for me. I hung up from my conversation with Mr Mason and I then

called Mr Petrunka. His answering machine was on, so I did not get through to him at that time.

**Ms Jackson:** In the conversation with John Mason, did you use Dr Donahue's name?

**Hon Miss Martel:** No, I did not. I had been specifically instructed by Julian not to use his name.

**Ms Jackson:** In the conversation with Mrs Dodds, did you use Dr Donahue's name?

**Hon Miss Martel:** No, I did not.

**Ms Jackson:** Are you confident of that?

**Hon Miss Martel:** I am absolutely confident of that because Julian stood right in front of me to make sure that I did not say anything that was outside of the script we had prepared.

**Ms Jackson:** All right. Now, did you succeed in contacting Dr Donahue while you were still with Mr Porter?

**Hon Miss Martel:** No, I did not.

**Ms Jackson:** Did you have any discussion with Mr Porter about how you should handle this matter in the House?

**Hon Miss Martel:** He said very clearly to me that it was important that I remember in answering any questions in the House that I do not repeat the doctor's name and that I do not repeat the comments that I was said to have made, that it was terribly important that I remember that and under no circumstance be lured into or led into repeating either of those two things.

**Ms Jackson:** Now, that afternoon there was a cabinet meeting?

**Hon Miss Martel:** Yes, there was.

**Ms Jackson:** By the time you went to the cabinet meeting, had anybody succeeded in obtaining Dr Donahue's telephone number?

**Hon Miss Martel:** No. My recollection is that Dr Abdulla, when he called back to tell us to contact Dr de Blacam, also indicated that he understood Dr Donahue was in Toronto that weekend and might be difficult to find. Miss O'Hara then got on to the phone and started calling a number of hotels in Toronto to see if we could possibly find anywhere that he had checked into so I could talk to him. She called five or six and had no success in locating him or having him found at any of these hotels, so she was advised, really, to stop at that point.

Somewhere in the time that I had left, we managed to obtain the phone number. I am not sure if it came via Dr Abdulla or Dr de Blacam, but by the time I got back from the cabinet meeting, which was after 6:30 or so, the phone numbers for both of them were there.

**Ms Jackson:** When you went to the cabinet meeting, did you mention the incident to anybody?

**Hon Miss Martel:** No, I did not.

**Ms Jackson:** Why not?

**Hon Miss Martel:** I did not think it was, I guess, my place to do that. We had advised the Premier's office of what had happened. We had been told to continue on. I suppose that I felt at this time that if his office wanted to advise others of what had happened or wanted me to do



that, that they would in fact give me some green light or they in fact would do that. I did not have the sense that, since I had been told to do nothing else, I should be talking to all my cabinet colleagues about what happened.

**Ms Jackson:** Now, you said that after the cabinet meeting you returned to your office and someone had managed to locate Dr Donahue's telephone number. Did you speak to him then?

**Hon Miss Martel:** We tried again, and again there was no answer, so we went for supper because I had not eaten. I took the phone number and also the paper—at this point, all I had left was the paper upon which I had made the media comments—and went back to my own apartment. At 5—there is a portion that you have missed. We had received a telephone call from the Toronto Star asking for an interview, and a little before 5, I gave that interview.

**Ms Jackson:** While you were still at your office.

**Hon Miss Martel:** No, I was outside in the anteroom. No, excuse me, I was in the Premier's staff office at that point in time. I had come out of the cabinet meeting and Melody Morrison was with me and I made this particular call to the reporter. I said what was on that piece of paper and I said no more.

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**Ms Jackson:** All right. Then you returned to your office, you got the telephone number and you went home.

**Hon Miss Martel:** That is correct, after we went for dinner.

**Ms Jackson:** At some point during the course of the evening did you speak to Mr Petrunka?

**Hon Miss Martel:** Yes, I did. I tried him again and was able to get through to him. I told him I was calling with respect to a conversation I had had that he may have been party to or heard on Thursday night. I said to him that I was calling because the remarks that I made, which he may have overheard, were unfounded and I would ask him not to repeat them. He said two things: (a) that he did not remember any conversation—he remembered that Mrs Dodds had been very aggressive in her manner towards me, moving back and forth—and (b) that he was a little offended that I would ask him not to repeat anything. He said, "I'm not like that, so I would not do that," and he thanked me very much for calling. That was the end of that conversation.

**Ms Jackson:** Did you finally succeed in speaking to Dr Donahue that night?

**Hon Miss Martel:** I did. It was about 10:30 that evening.

**Ms Jackson:** And you made notes of that conversation?

**Hon Miss Martel:** I did.

**Ms Jackson:** Those are the notes that again are found in exhibit 107, four pages over from where we have just been, under the date December 8, 1991, and against the words "Dr Donahue." Using those notes to the extent you need to, can you give the committee, please, your best recollection of that conversation?

**Hon Miss Martel:** Anything that I can recall Dr Donahue had to say is here. I scribbled it as fast as I could. I can go through them if you want, but in essence that is everything he had to say to me.

**Ms Jackson:** What did you say to him?

**Hon Miss Martel:** When I got on the phone I told him that I was calling because I had made some comments about him in a conversation that I was involved in on Thursday, and he said to me that he had not heard anything about it. I said, "Well, in any event, whether you've heard or not, I'm calling to say that I was involved in a very heated exchange and I made some comments about you."

Julian had told me I should deal with Dr Donahue differently than the others in the sense that I should tell him everything I could and respond to every question he had as best I could and that I should be as open and up front as possible with him about what I knew about how it had become public at a particular forum etc. The conversation lasted about 45 minutes and that is indeed what happened. I told him to the best of my recollection what I had said at that conversation, going very much on what Mrs Dodds had also publicly said at this conference.

I told him in no uncertain terms that there had been a suggestion that the file was a billing or some kind of confidential information, that I did not know his billings, that I had no access to any confidential information. He asked me several times, "A file; what kind of file?" I said, "I want to assure you I have no confidential information at all, if that's what comes out."

During the course of the conversation, he mentioned several times that he was going to call the Ministry of Health to get this sorted out. He would be calling them to try to sort it out and to try to get a response from them. Near the end of the conversation he also said he was going to call Dr MacMillan. I was not sure why he was going to do so at this point and I tried to reassure him again that the remarks I had made had come from me and no one else had put me up to it, that no one had given me any information and that what I had said had come directly from me. He still at that point, though, wanted to talk to Dr MacMillan, and he said he would be doing that the next day.

**Ms Jackson:** Is that your best recollection of everything that was said?

**Hon Miss Martel:** That and everything that is listed here, which I think is pretty extensive.

**Ms Jackson:** Coupled with what is listed in your notes. Can I ask you then to turn to exhibit 39, which is a letter of December 8 from yourself to Mrs Dodds. Is that the letter that was worked on in your office on the 8th?

**Hon Miss Martel:** That is correct.

**Ms Jackson:** And signed by you and sent on the Sunday?

**Hon Miss Martel:** Yes.

**Ms Jackson:** Then could you look at exhibit 96, please. That is a letter that you sent to Dr Donahue apologizing.

**Hon Miss Martel:** That is correct.



**Ms Jackson:** On the following afternoon, Monday afternoon, as is well known, this matter was raised in the House. Did you at any time up until then receive any advice from the Premier's office as to what you should say in the House?

**Hon Miss Martel:** No.

**Ms Jackson:** Did you receive any advice from the Premier's office as to what you should say to others about this incident?

**Hon Miss Martel:** No, I did not.

**Ms Jackson:** Did you receive any advice from the Premier's office as to what you should write to people about this issue?

**Hon Miss Martel:** No. We had taken that upon ourselves and done that on Sunday afternoon. By the time I was in the House on Monday, the apology letters to Dr Donahue, to Mrs Dodds and to Dr MacMillan had already gone out. That had been done.

**Ms Jackson:** Now I want to just review with you any conversations you have had with other people about this incident and I want to start by taking you back. While you were still travelling through the north on the Saturday and the Sunday, and at the point at which it had clearly become an issue because you were having the conversations you indicated with MaryLou, did you discuss your conversation with anyone other than MaryLou and Kathleen?

**Hon Miss Martel:** Yes. When we were driving across northwestern Ontario we were with Howard Hampton's constituency assistant, Len Myhr. When we got to Ignace and I talked to MaryLou about her conversation with Mrs Dodds, I got back into the car. I had already missed one meeting at that point because, frankly, I was lying in the back seat of the car and I was feeling quite sick about the whole matter and I did not go into a meeting that he and Kathleen had had with chiefs from a particular band who were concerned about wild rice production.

After we left Ignace, Len, who was quite concerned about how I looked and how I sounded, said to me finally: "What is wrong? What has happened to you?" It was at that point that I told him what had happened on the Thursday night and that we had just talked to MaryLou and I brought him up to speed as to what we were trying to do, what was being done in terms of now getting us a lawyer and also getting some advice as to how to continue to proceed. So he was the one person who knew about it. He left us on Saturday night after Atikokan. He stayed only for a time at the community dinner and then drove back to Dryden, which is where he lives.

**Ms Jackson:** Did you ask him to do anything about this conversation?

**Hon Miss Martel:** No, I did not. I did not speak to him at all and have not since that night.

**Ms Jackson:** Did you describe the conversation to anyone else?

**Hon Miss Martel:** Yes, there were two other people. One, Iain Angus, is a federal member from the Thunder Bay area who was also at the dinner. I talked to Iain because I knew this was going to be in his backyard in terms of

when it became public because Mrs Dodds lives in Thunder Bay and so does Iain. I told him what had happened so that on Monday morning, if he got interviewed by the press in his own community, he would not be caught off guard.

The other person I spoke to was Howard Hampton, because Howard drove Kathleen and me from Atikokan on to Thunder Bay that evening. We were in his constituency for a good part of our tour. The celebration that was going on in Atikokan was one that he attended because he and Iain and I had worked very hard on this particular matter.

So when we drove back I talked to him about it. Frankly, I asked him, in his view as a lawyer—I did not think of Howard in terms of Attorney General; I suspect I should have. Howard is a friend of mine and I asked him what position he thought I would be in with respect to a libel suit. Howard gave me some of his opinions about that matter and also said he thought it was more of a political problem for me at this point than anything else. That was the information that we exchanged.

**Ms Jackson:** Did you ask him to do anything about the incident?

**Hon Miss Martel:** No, I did not.

**Ms Jackson:** Did you describe the conversation to anybody else while you were in the north?

**Hon Miss Martel:** No. Those are the people who were involved, who were directly with me.

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**Ms Jackson:** Let me bring you back to Toronto then. After the matter was raised in the House and indeed after there was some awareness that there was going to be some suggestion in the press of a leak of confidential information on Tuesday, December 10, do you recall discussing this matter with Frances Lankin?

**Hon Miss Martel:** Frances asked me in a very quick conversation if I had seen any confidential information, and I told her that I had not, under no circumstances, I had not, and she said to me, "Why did you say what you said?" I told her there had been a lot of things going on at home, a lot of people calling my office, that there were a lot of things in the community about this particular matter, and that was where some of my information came from with respect to my opinion of Dr Donahue. I do not remember much else, because we were in a hurry. She had asked me because she was going into the House—that is my best recollection—so we were stopped somewhere. It was not at a meeting, that I can recall.

**Ms Jackson:** I may have confused it in the way I put the question to you. In fairness, let me perhaps help you. Frances Lankin testified that she first asked you on her way into the House on Monday morning whether you had seen any confidential information and you said no, and I think you have just indicated there was such a conversation. She recalled, as well, a second meeting the following evening with you and others.

**Hon Miss Martel:** That is right, there is another conversation.

**Ms Jackson:** Do you recall that meeting?



**Hon Miss Martel:** Sorry, I thought you wanted the two, because in my recollection there were two different times when we talked.

**Ms Jackson:** In the first conversation going into the House, do you recall giving her a quick explanation of what had happened?

**Hon Miss Martel:** That is correct. Then there was a meeting on Tuesday night. There was a special P and P meeting and I came into that. We were in the anteroom outside the P and P meeting and she said to me, "I need to talk to you, and David is going to come with us." I said, "That is fine," so we went back into Lynn Spink's office and we sat in there. At some point, I am not sure when, Sue Colley also appeared.

Frances was sitting across from me, David was here and Sue was here, and she looked me in the eye and she said to me, "Did you ever receive any confidential information about Dr Donahue?" and I said, "No, I have not." She said to me: "I have got to ask you again and you have got to tell me if you know something. Did you ever at any point receive any confidential information? Did you hear anything, did someone send something to you, did you ever get any confidential information about this doctor?" and I said, "Absolutely not."

She went on to describe at that point that in fact tomorrow the Toronto Sun would have an article that showed that there had been a leak of a memo from OHIP and that she was going to be taking steps to ask the privacy commissioner to investigate this particular matter. She was very concerned because she had got up in the House already and said that to the best of her knowledge there had been no information given at all and now she was being put in the position that indeed something had been leaked somewhere, so she was very concerned to ask me again to be absolutely certain that I had never received anything.

Those, to the best of my recollection, were the two main points: (a) had I ever seen anything and (b) the reason why she was so concerned.

**Ms Jackson:** Do you recall whether she asked you for an explanation of what you had done on that occasion?

**Hon Miss Martel:** She asked me what I had done, but my recollection is not as clear that it was there.

**Ms Jackson:** All right. So your recollection is that any discussion about the explanation for what you had done had taken place the previous morning.

**Hon Miss Martel:** Before.

**Ms Jackson:** The previous day?

**Hon Miss Martel:** The points that I remember clearly from that meeting were her asking me twice, and being quite emphatic about it, whether or not I had seen any confidential information, and then relaying to the four people who were there what had happened. She had also at that point given some pretty clear instructions to Sue Colley about wanting to have a meeting immediately in the morning with her own staff to try to get to the bottom of it.

**Ms Jackson:** You have described that the explanation you gave her as being related to things you heard in Sudbury and an opinion that you formed as a result. Her evidence

of this conversation, which was that it took place the following day, was that in answer to the question: "Where did you get this from? Why did you say he was going to be charged? Where did this come from?" you responded, "Frances, this is something that is on the streets of Sudbury," or "is well known on the streets of Sudbury. Constituents have come into my office and have said these things to me, but I can't say any more." Is that, in your view, consistent with the explanation you recall giving Frances Lankin?

**Hon Miss Martel:** Miss Jackson, I have tried to explain to you what my recollection of the conversation is. I hear what you are saying is Frances's best recollection. Any discrepancies that are there between the two I cannot explain. I have tried to give you as best as I can what I recall saying to her.

**Ms Jackson:** Had you ever heard on the streets of Sudbury that there were charges pending against Dr Donahue?

**Hon Miss Martel:** No, I had not.

**Ms Jackson:** To the best of your knowledge, have you ever received any confidential information about Dr Donahue?

**Hon Miss Martel:** No, Miss Jackson, I have not.

**Ms Jackson:** I want to ask you your own view of this incident in terms of the Premier's guidelines for ministers. I think it would be helpful if we circulated the applicable guidelines.

**The Chair:** The guidelines as distributed are going to be marked as exhibit 112.

**Ms Jackson:** You will recognize, Ms Martel, that this is simply an extract of those guidelines. The vast majority of them deal with conflict of interest. What you have before you is indeed an extract of something called the Premier's Guidelines with Respect to Conflict of Interest, 1990. You can confirm for the committee that this is part of a larger document dealing with the Premier's guidelines on conflict of interest.

**Hon Miss Martel:** Yes, it is.

**Ms Jackson:** Paragraph 4 says, "Ministers shall at all times act in a manner manner"—I guess it is "will act in a manner," with a typographical error—"that will bear the closest public scrutiny." Do you understand that to be a statement of how ministers are to behave, not only with respect to conflict of interest but with respect to everything they do?

**Hon Miss Martel:** That is correct; in public and in private.

**Ms Jackson:** In your view, were the statements you made in Thunder Bay on December 5 in compliance with these guidelines?

**Hon Miss Martel:** No, they were not, Miss Jackson. They fell far short of what the Premier's guidelines state.

**Ms Jackson:** Quite apart from the guidelines, do you consider that they are appropriate conduct for a minister of the crown?

**Hon Miss Martel:** Miss Jackson, I would be very hard pressed to say that my conduct was appropriate. It was not appropriate. I understand from the Premier's

guidelines that all that we do, not only in our ministerial capacity but I consider in private as well, must bear up to the closest possible scrutiny. In any conversations that we have with people, in any activity that we undertake, in any of the relationships that we have with people, to the best of our ability as a group and as an individual, I have to live up to that and try and assure myself and the public at large that whatever I do can bear the closest public scrutiny and that it would be above and beyond reproach. I try to live up to those guidelines. I try to do that in my personal life; I try and do that in my life as MPP and as minister. But on this occasion in Thunder Bay, I did not live up to those guidelines. That is very clear for anyone to see and I clearly recognize that myself.

**Ms Jackson:** Did you consider whether you should resign as a result?

**Hon Miss Martel:** Yes, I did. I considered that for well over 48 hours if not longer, from the time that I knew this had become a public matter in the sense that it had been raised in a public forum to probably well into the time that I entered into the House and the questions began on it.

**Ms Jackson:** What did you decide?

**Hon Miss Martel:** I think there were a couple of factors that I took into account from a very personal point of view: (a) the context in which the remarks had been made in terms of the day itself, what had happened during that day, the controversy surrounding most of that day, how tired I was, how I felt, the kind of argument that I got into and that it was very heated and that in a moment of extreme anger I said something that never should have been said.

I took into account as well, I guess on the other side, the four years that I have spent in this place, what I have

tried to do as a member, the contribution that I think I have made as a member of the opposition and that I think I am making as a minister. And I took into account some of the positive changes that I think we have brought to northern Ontario in this last year, and I consider myself to have pushed a lot of that because I have been minister.

Taking all those things into account, I felt that at the end of the day, while it was a very serious matter, it was not a matter that I should resign over and that to the best extent possible I had tried to minimize the damage that I had done to the doctor by talking to him directly, by talking to those who had been involved, by extending my apologies, by not repeating his name nor the conversation in a public place in order to minimize as much as possible the damage that I could do to him. Taking all those into account, I thought, and I felt, that I would be better to stay where I was, because I firmly believe that in spite of what has happened here, which is a very serious thing, that I still can make a very positive contribution, not only as an MPP but as a cabinet minister.

**Ms Jackson:** And do you still think that today?

**Hon Miss Martel:** I still think that today. I think that more than ever.

**Ms Jackson:** Thank you, Ms Martel. Those are my questions.

**The Chair:** Thank you, Ms Jackson. Being mindful of the time and the length of questioning, it would be my intention—I have spoken with subcommittee members—that we would adjourn now until 1:30 to resume questioning.

The committee recessed at 1132.



## AFTERNOON SITTING

The committee resumed at 1335.

**The Chair:** We will call the afternoon session of the Legislative Assembly committee to order. Before we commence with the rotation from caucus to caucus on questioning, I would like to indicate to members of the committee that Mr Harfield is in our committee room and is prepared to present his evidence in this matter. I have had a request that as a result of us now starting with the rotation of questioning with the minister, Mr Harfield be released, to return by 4:30 this afternoon. I would invite Mr Harfield and his solicitor to come to the table to permit their undertaking to return at 4:30.

This is just done, Mr Harfield and Mr Rust-D'Eye, just for the purposes of Hansard and for the benefit of committee members. It is my understanding that you would like to be released for a certain period of time this afternoon, and we are permitted to do that on an undertaking that you will return to this committee room by 4:30 this afternoon.

**Mr Rust-D'Eye:** Mr Chairman, I have talked to counsel for the committee. I will return prior to the time when Mr Harfield will testify, but I believe he is prepared to undertake that he will be back at 4:30.

**The Chair:** That would be sufficient. Mr Harfield, could you—

**Mr Harfield:** Yes, I will be.

**The Chair:** Thank you very much.

**Mr Rust-D'Eye:** Thank you, Mr Chairman.

**The Chair:** Having dealt with that matter, I would now invite questions from caucus to caucus on a rotational basis. Minister, I think you may already be aware that the process we have used in this committee is that each caucus is permitted a certain time period and, up to that time period, to ask questions of you. The rotation is now with the third party, and I have allocated one hour per caucus for questioning.

Having said that, I would invite Mr Harnick to commence questioning.

**Mr Harnick:** Thank you, Mr Chairman. May I, at the outset, Minister, thank you for your very candid description and recitation of the events. It has made what we have to do somewhat easier.

What I would like to do, I have received some documentation, which I received late this morning, dealing with a news story aired on MCTV in Sudbury on the 3rd of March. I do not know if that rings a bell for you. The gentleman who was being interviewed was a gentleman by the name of Felix Bocy. Does that mean anything to you?

**Hon Miss Martel:** No, it does not.

**Mr Harnick:** Well, perhaps if I could have the clerk—

**The Chair:** Mr Harnick, if you have copies of that—

**Mr Harnick:** I do.

**The Chair:** —I would ask the clerk to get those and he could distribute them—

**Mr Harnick:** Perhaps I could have the clerk distribute this.

**The Chair:** —to all members of the committee, including the minister and her counsel. As they are distributed we will mark those as exhibit 113.

**Mr Harnick:** What this is, there are two documents. There is one which is a transcript of a television story aired March 3, the other the transcript of a story aired March 10. If I could just read the first document, the story aired Tuesday, March 3. It is entitled "Explosive New Allegations Have Surfaced in the Shelley Martel Affair."

"A Sudbury man has come forward suggesting the Northern Development minister badmouthed doctors in a heated conversation he had with her in Sudbury. MCTV's Carol Bond has the exclusive story.

"When stockbroker Felix Bocy"—B-o-c-y—"approached Shelley Martel in a Sudbury airport last November, he expected some polite answers to his questions about the controversy surrounding doctors' billings to OHIP.

"The response he got left him shocked and upset.

"Felix Bocy talked with Shelley Martel," and now I quote:

"At first she took a deep breath, and then I thought she was going to get really upset with me. It seemed to hit a real raw nerve. I said "I'd like to discuss Dr Donahue and the capping situation." And she ventured to say, "Well, these doctors, we can't keep paying these doctors," what I thought she said, "obscene amounts of money."

"She just kept saying, "We can't keep on paying them these kinds of dollars," and I kept saying, "Shelley, that's not the issue." Now, for her to be portrayed at these hearings as a champion of doctors' causes, really, it's galling."

Miss Martel, do you remember having this conversation with Mr Bocy in the airport?

**Hon Miss Martel:** Mr Harnick, no, I do not.

**Mr Harnick:** Do you then have no recollection of this matter?

**Hon Miss Martel:** Mr Harnick, there were a number of people who talked to me about this matter. You are asking me if I can pinpoint this gentleman directly to an interview or some kind of discussion we had in an airport, and I am telling you that I cannot.

**Mr Harnick:** Had you had any other conversations among the many that you were having where this issue was put to you in public situations such as this?

**Hon Miss Martel:** As I said to the committee over the last two days, at a number of functions I was at, people approached me about this particular matter. I understand that Sharon as well, at a number of functions she was at, had a similar situation.

People in the community were very concerned. There were a number of discussions going on about this matter almost everywhere you went. So at the function that I related to you where I was Saturday night at the Steel Hall, there were a number of people who approached me. There was a general discussion at the table. When I was doing my clinics in the east end of my riding, constituents who were coming to my clinics to talk about their own matters



with respect to why they wanted to see me also talked about their concerns: Either (a) they did not want Dr Donahue to leave, or (b) they were in agreement with the government policy and thought that billing over \$400,000 uncapped was not correct. So there were many people who talked to me about this issue, yes.

**Mr Harnick:** Would this answer, as described by Mr Bocy, that you cannot remember making have been your stock answer?

**Hon Miss Martel:** No, Mr Harnick, it would have not, and since I cannot remember this conversation, I am loath to say that what he said may or may not, in fact, be correct.

A number of people talked to me about it to say whether or not they were in favour. I spent time with a number of people to say clearly: "\$400,000 is not a cap. After that point in time doctors can still earn income. It is at two-thirds of their income in the first place, one-third in the second place, so it is not, as it has been portrayed in the media, which is, after \$400,000 you don't get paid again."

I told a number of people that I was having meetings with the medical community and also with the Ministry of Health, that I was very concerned about what was happening as well, because I understand how important medical services are to the community, and that I was doing what I could to try to find a positive resolution to it.

**Mr Harnick:** Did you ever say what this gentleman believes he heard you say? What he thinks that you said was, "We can't keep paying these doctors," and then he thinks you said, "obscene amounts of money." Now, is that a comment you would have made to a citizen in Sudbury?

**Hon Miss Martel:** Mr Harnick, I would say quite the contrary. Most of the people who I talked to, I told them what I was trying to do to find a resolution to the matter. It was well known in the community that I was working particularly with the cardiologists to try and find a way to have the ministry move around the exemption and find a way to get them beyond so that they could continue to practise.

**Mr Harnick:** You see, what bothers me is—what I have here is a description of a conversation that a private citizen had in the Sudbury airport. He is alleging that you indicated, "We can't keep paying these doctors"—what he thought you said was "obscene amounts of money." If that in fact is what you said, I have some real concern.

**Hon Miss Martel:** I understand your concern, Mr Harnick. What I am saying to you as clearly as I can, I do not remember this gentleman and I do not remember the conversation.

**Mr Harnick:** Okay. Now, the next document that I have is from MCTV and it aired on March 10, which would have been, I believe, last night at 6 pm.

**The Chair:** Mr Harnick, do you have a copy of that?

**Mr Harnick:** It is part of the documents, the second page of exhibit 113.

**The Chair:** I am sorry.

**Mr Harnick:** "As Martel took the stand in Toronto, several people were being questioned here in Sudbury by a man who some say left them feeling frightened and intimidated.

"The questioning comes on the heels of damning testimony from a Sudbury woman who said an assistant to Martel told her she had inside information on the doctor. Carol Bond reports."

The report goes on to say:

"Denise Pope-Fretz, a patient of Dr J-P Donahue, received a disturbing phone call from a stranger today.

"He wanted to come over and talk to her about a phone call she had made to the office of Shelley Martel last November.

"The visit left Denise shaken and concerned.

"Denise Pope-Fretz questioned about phone call: 'I asked him who he was working for and he said he was working with Shelley Martel's lawyer.'"

Question: "'What kind of questions did he ask you?'

"'He asked me if I remembered talking to the lady (at Martel's office) and I kept saying, 'I can't remember,' and he kept repeating himself, 'Well, you would remember if someone was rude to you.' I said, 'That was a long time ago.'"

"'You say he was holding something?'

"'He was holding I believe it was a clipboard and he had names highlighted and it looked like people he had visited and I asked him how he got my name and he said, 'Well, your name was not spelled right, but we have your address which was right.'"

"'Did he ask you to sign something?'

"'Over the telephone, I told him that I was not signing anything and he said, 'Well, you don't have to.' But he said, 'I just need your statement,' and I said, 'I don't have anything to say,' and he said, 'I still need to hear you tell me something,' and I said, 'No comment.'"

Can you tell me what that is all about?

**Hon Miss Martel:** Yes, I would be pleased to, Mr Harnick. In fact, at this point, Miss Edwardh, my counsel, would like to explain, because she has had the discussions both with the gentleman who was doing the interview—

**Mr Harnick:** That is quite all right with me.

**Ms Edwardh:** You will recall, Mr Harnick, that a witness appeared before this committee on Monday saying that on or about November 15, I think around noon, she had had a telephone conversation with the constituency office?

**Mr Harnick:** Yes.

**Ms Edwardh:** And at that time she received certain information from the constituency office. You will recall as well the minister's response, which was that she found it quite unbelievable that such a conversation could have occurred at that time. As well, you will know that one of the workers from the constituency office will be testifying before you tomorrow. In any event, I made the decision that it would be appropriate to make inquiries of people who had called, simply to see whether or not there was someone in the four or five individuals who called before that call was made or four or five who called after it who had received such information.

I went to a well-known lawyer in the Sudbury area and I said, "Do you have a reliable investigator, a private investigator, who could ask people if they had received any information that they thought was inappropriate when they made the call to the constituency office?" As a result, he



retained a person who had been a police officer in the Sudbury area for 15 or 16 years, who had worked then as a process server and investigator, and asked people if they would mind recalling what the contents of their communication had been and asked them if they would write it out in their own hand and send it to my office.

1350

Indeed I have, and I indicated to inquiry counsel last evening that this kind of material I hoped would come through and I would make it available to her. I received this morning some of those by fax. Certainly, when I spoke to the private investigator last night, he said to me that it was the first time in many, many years, including as a police officer, that anyone had ever suggested he intimidated anyone. He certainly did not intend to. It was a request that was made to assist this committee with a view to handing over these results to inquiry counsel.

**Mr Harnick:** You can see why people have become rather concerned about where this is going. I suspect you have some question as to the validity of the testimony of Ms Majkot.

**Hon Miss Martel:** If I might, Mr Harnick, I gave my constituency assistant Kim Morris specific instructions on how to respond on the telephone. To my best recollection those instructions were given the day before this particular call seems to have been made into our office. Indeed the call was made, because we have a record of it. My constituency staff were specifically instructed by me on how to respond. That is why I found it, as I said yesterday, very hard to believe that she would have said anything like what was repeated here on Monday.

**Mr Harnick:** You do know that, I believe, it was Mr Waddell of Sharon Murdock's office who came here and gave evidence.

**Hon Miss Martel:** Yes.

**Mr Harnick:** You are aware of that.

**Hon Miss Martel:** That is right.

**Mr Harnick:** And you are aware that when he came he told us that they had done a calculation and that in fact he was answering the phone and providing the calculation numbers to people who were phoning. And you are aware of the fact that the numbers were based on many inaccurate assumptions. That was what the evidence showed.

**Hon Miss Martel:** If I might, I would say it was based on information that Dr Donahue made public himself, but having said that, okay.

**Mr Harnick:** We have that coming out of Sharon Murdock's office.

**Hon Miss Martel:** Mm-hmm.

**Mr Harnick:** We have Susan Majkot's story about what she was told out of your office and we have got phone calls, petitions and letters of support for Dr Donahue, and I cannot help but believe that a strategy was being developed to deal with Dr Donahue. Dr Donahue was a thorn in your side every time you went back to your community. He was on the media. He was about to close a practice that many people wanted him to continue and we

have a certain strategy developing to deal with him. I find it difficult to escape coming to that conclusion.

**Hon Miss Martel:** Well, Mr Harnick, if I might, first of all, whatever went on in Sharon's office with respect to calculations they made and gave to the public was their business. I did not direct them to do that, nor did I direct my staff to in fact use any calculations. I did not want them using calculations; I wanted them to say only what I instructed them to say. I think what was going on in Sharon's office is quite separate and apart from what went on in mine. That is the first thing. Okay?

The second thing is, I made it very clear to Miss Morris that in no way, shape or form did I want her to move out of the instructions that I had given to her with respect to what to say to people who were calling in, and those instructions were very clear, and I relayed them to the committee yesterday. To the best of my recollection, she did not move out of that script. She would not have, for example, taken any instruction from Mr Waddell were he to call my office and offer her use of some of his figures. She would not have taken instruction from him because she does not. She is employed by me, and so her instructions come from me.

There was no doubt there were a large number of letters of support for Dr Donahue, that is quite correct, and a large number of phone calls, and certainly he, I would say, had developed an action plan in terms of trying to raise this issue as much he could publicly. His patients were asked to sign a petition. They were asked to call all the MPPs. At every point that he could he made himself available to the media—print, television, radio—to explain his cause, and that is what he did.

But I can tell you from my perspective, while he might have been the person who got it rolling publicly in Sudbury, the concern that I had with respect to medical provision, had I to prioritize it, was with respect to the cardiologists, and that is where the focus of my time on this issue was spent.

**Mr Harnick:** And in the course of that, you had Dr Donahue rattling the bushes, so to speak, making your job more difficult than it otherwise would be.

**Hon Miss Martel:** Two things: It did not make my job with the Ministry of Health any more difficult at all, and in fact the use of the cardiologists situation was very helpful in my discussions and negotiations with the Ministry of Health as to why there had to be some kind of resolution worked out, why we could not just go with the Minister of Health's letter which said there would be no more exemptions.

There is no doubt that Dr Donahue had a public campaign which I felt was based on some very misleading information, and I did not like that. I resented that. But if I might, the focus of my efforts during all that time was to deal with the cardiologists and have Health deal with them and find a strategy through one of the proposals that they had put forward as the answer to the problem.

**Mr Harnick:** Dealing with exhibit 107, if you turn to the seventh page, the typewritten one, which is a little easier for me, why did you indicate in that document "Ministry of Health needs to bring his billing list with them and someone who understands what procedures"—I guess it is "procedures"—"he may/may not be doing and



what his staff are doing and what rates his staff are billing services at etc”?

**Hon Miss Martel:** My understanding of those people who were going to be looked at with respect to individual exemptions from the minister, that is, under section 10, the discretionary power that she had to provide exemptions, was that anyone who was in that category and making that request would have to automatically meet with the Ministry of Health to put on the table the details and the nature of their practice and the details of the nature of their request for the exemption.

So it seemed to me that what I was saying here was in fact what I have expected would go on all along for any one individual specialist who was going to make a request for an exemption, that is, sooner or later he or she was going to have to sit down with the Ministry of Health and going to have to, on their side, bring all of their information with respect to their practices in salary, wages, overhead, leases that they had etc, and the ministry, from its perspective, would then bring billings information to determine the revenue versus the operating cost and if a solution could be found there with respect to an exemption.

1400

**Mr Harnick:** You see, what concerns me is that when you answer that question now, there is absolutely no need to do this in any kind of a public forum. I can appreciate that the Ministry of Health has his billing information. They can make use of that billing information and they can make the determinations. My concern is the fact that he was asked to do it openly and in public and that you went to a meeting almost with the expectation that that was what he should be doing.

**Hon Miss Martel:** No, I would disagree with you. I think Michael Decter's letter, when it talked about “publicly”—the letter I was asked to review yesterday—makes it clear that he and whoever had written it wanted a public discussion. I do not think it would be fair or appropriate to assume, from what I said yesterday in terms of my request for a meeting with him, that I thought there would be, for example, media or large numbers of the public present. When I asked Dr Donahue if he was prepared to come to a meeting and talk about his situation I said that either I or a member of my staff would be there, that the Ministry of Health would be there and that he would be there, and to bring to that table any of his financial people he thought were necessary.

**Mr Harnick:** But—

**Hon Miss Martel:** And that was made very clear to him.

**Mr Harnick:** In light of the letter he received from Dr Decter dated the 19th of November—

**Hon Miss Martel:** Mm-hmm.

**Mr Harnick:** —can you blame him for not wanting to attend a meeting after getting a letter like this?

**Hon Miss Martel:** If I might, I made a request to him because he had come to me and asked for help. My assumption was that he was prepared to have me do what I could to find a resolution to his situation. At the meeting on November 15, I told him very clearly that while I had his

letter and his request for exemption, I myself had no idea as to what his problem was in terms of finances. I can only go from my perspective of my offer, which came as a result of his request to me for help.

**Mr Harnick:** But you had also indicated to him, and I think it is clear in your evidence a couple of times, where you said you wanted to try and arrange a meeting with him to meet with somebody from the Ministry of Health.

**Hon Miss Martel:** That is true.

**Mr Harnick:** And then shortly after that he gets this letter from Dr Decter that says it should be done openly, that it should be done publicly. Quite frankly, I do not say this in any criticism of you, but this cannot be what he was contemplating from any discussions he had had with you.

**Hon Miss Martel:** No, I would not think he would have got that impression from me at all, because I had never left the impression with him that I thought it would be an open, public forum.

**Mr Harnick:** Exactly.

**Hon Miss Martel:** I responded to his request to do something, which was to set up a meeting.

**Mr Harnick:** But you will agree with me that when he gets this letter, at the very least it has to send a bit of a mixed signal to him—at the very least.

**Hon Miss Martel:** Well, it may. I cannot speak for what was on his mind at the time and what he was thinking. I would say that I think part of the dilemma he found himself in was that he himself had made the details of his practice very public.

**Mr Harnick:** But I am just talking about the contents of this letter.

**Hon Miss Martel:** Do you take that—

**Mr Harnick:** It is not the same signal, as far as you are concerned, that you were sending to him.

**Hon Miss Martel:** No, I would say I made it very clear to him whom I expected to be at the meeting.

**Mr Harnick:** You see, at the same time we have also got exhibit 105, and I gather—you can correct me if I am wrong—it is a copy of a fax that was sent after the meeting with Nuala and Ian when they went to see the Ministry of Health on the 14th, after your meeting in the elevator.

**Hon Miss Martel:** Mm-hmm; okay.

**Mr Harnick:** That is correct?

**Hon Miss Martel:** Yes, this fax came into my office on the 15th.

**Mr Harnick:** And you had indicated to, I think, your executive assistant to make sure she got that note, because you were interested in the results of that meeting.

**Hon Miss Martel:** That is correct.

**Mr Harnick:** You cannot help but note paragraph 5. What I glean from paragraph 5 is essentially four things: There is an opinion that “he wants taxpayers to support his entrepreneurial greed.... He wants to be exempted from the threshold or he will withhold services from people who really need dermatology care. Of all the specialists dermatologists have low overhead.” Why does he “have such



high overhead?" And "he should open his books and his billing and administrative practices to the scrutiny of his peers." Then the letter is "MOH."

When I look at that paragraph that was conveyed to you and that in fact you were interested in seeing, in a document that you had specifically requested, I cannot help but see a strategy developing. When I look at that document and I look at Mr Decter's letter and I look at what was happening in Sharon Murdock's constituency office, and when I look at what Miss Majkot—quite frankly, I found her to be a credible witness and I do not think that after cross-examination anyone proved that she was not a credible witness. When I look at all those things, I see a strategy developing in order to deal with Dr Donahue.

If I can just continue for a moment, at the same time as I see that particular strategy developing, I see you personally drawing certain conclusions based on second- and third- and fourth-hand information.

**Hon Miss Martel:** No, not second- or third-hand.

**Mr Harnick:** Based on conclusions you were drawing from media reports, based on conversations you had at a union meeting, based on people you met at a dinner, one woman who went so far as to be worried that the 14 people working for Dr Donahue were being exploited, and based on conclusions that you drew in terms of the way he practised, whether there was enough supervision or not enough supervision, and without reflecting on whether you were right or you were not right, that in conjunction with the other things I have mentioned surely looks to me like there was a very specific strategy being developed to deal with Dr Donahue.

**Hon Miss Martel:** Well, Mr Harnick, that may be your opinion, and I guess I could speak in this one instance on behalf of Sharon and Floyd and myself and say I think we have all got some better things to do with our time than to sit down and try to figure out if we should, or how we could, go after this doctor; we really do. I think the allegation that I hear coming, that as a consequence of little pieces that you have pulled together about what was happening in various offices, we, the three of us, had sat down together and developed some plan or some mission to destroy this physician is absolutely false and wrong. We never did anything of the kind.

As I said earlier, I was the lead on this issue, and I was the lead because the communication and correspondence had come to my office first. I spent the time bringing in the others to different meetings that I was trying to set up and have in order to get to the bottom of it. I have a lot of other work to do as MPP and as minister, and it is incredible to me to think that you really do think seriously that we sat down and did something like this. I have a lot of better things to do with my time.

I was worried about what was going on in Sudbury, that is correct, and I was worried about what I thought were some very misleading statements that Dr Donahue made; that is correct as well. But I tell you as clearly as I can right now that the three of us did nothing of the kind of what I think you are suggesting, number one. Second, I spent the majority of my time on this issue dealing with

the cardiologists and trying to find a resolution to their problem, because in my mind that was clearly the most important issue to be resolved in the city at that time.

1410

**Mr Harnick:** Dealing with the cardiologists, one of the things that concerns me is that the dealings with them were of a totally different nature. They were never asked to produce their books. I have reviewed your documentation, and I note that your documentation simply deals with the kinds of practices they were running, as opposed to any specific questioning of their financial means.

**Hon Miss Martel:** May I respond?

**Mr Harnick:** Now, I suspect that what you are going to say is that is because Dr Donahue made all of this public, but the fact is that you approached the cardiologists in a totally different way than you approached the dermatologists and the other GPs, where the concentration was very much on, "These guys are making too much money."

**Hon Miss Martel:** No, I think you are wrong about a couple of things. They were never asked to produce their books. I can tell you that Dr Abdulla said to me on the night we met in his office that he would be prepared to give me or anyone from the Ministry of Health any information that I wanted with respect to his practice and he would confirm for me that he would get any of the medical and financial information of any of the other four cardiologists, if we wanted to see those as well. In fact, at the meeting, in a bit of a gesture of fun, he also said, "I have my chequebook with me. Would you like to see that too?" and he started to pull it out. I said I was not interested in that. The knowledge that I had from him that he was prepared to come and put anything that anyone wanted on the table was enough.

He also repeated that in the meeting that we had on November 30. It may not be written in my notes. I did not write everything down that he said because I thought I had very clear notes from my meeting with him, the night meeting in my office. He also said very clearly there to the Ministry of Health staff who were there that whatever they wanted in terms of information from him or the four other cardiologists, they would give at any time, at any place. There was never any hesitation from them at all. I must tell you that that contrasted quite dramatically to the situation with Dr Donahue.

**Mr Harnick:** But in the end that information was not necessary from the cardiologists?

**Hon Miss Martel:** No. I could say that it still may be. You see, my understanding—

**Mr Harnick:** But to date?

**Hon Miss Martel:** I do not know where the discussions are within the Ministry of Health to date with respect to the exemptions. Let me make this as clear as I can to you. My understanding all along with respect to the ministerial use of discretionary power to grant exemptions would be that those specialists who wanted an exemption would have to sit down at some point or another with the Ministry of Health, representatives from the OMA and their own people in order to go through that very process.



That has always been my understanding of how an exemption in fact would be granted.

Although I have not read the details of the framework agreement that was released most recently in the media, I can tell you that in December, when it was announced that an agreement in principle had been in place, at that point in time it was made very clear to me that that would still be the process, that there would be a team or a body of people and the physician who was requesting an exemption would have to come to that body and go through that process there. That has always been my understanding.

**Mr Harnick:** But that material, as far as you are concerned and in your dealings, was never produced or needed to be produced to you or any of the people who you deal directly with?

**Hon Miss Martel:** My understanding is that it may yet well be produced. You see, it was not produced at that time only because there had not been a framework put in place.

**Mr Harnick:** But it has not been produced today, in terms of your dealings with the matter?

**Hon Miss Martel:** No, but bear in mind I have not talked to Dr Abdulla since this started, because I was told not to, so I do not know where they are in this process yet.

**Mr Harnick:** Okay. Thank you.

**The Chair:** Thank you very much, Mr Harnick. Mr Tilson.

**Mr Tilson:** Thank you, Mr Chair. I wonder if, Miss Martel, you could tell us when you first raised the incident of the Donahue matter with the Premier?

**Ms Edwardh:** I wonder at this time whether I might make a comment, Mr Chairman. Through discussions that I have had, I had understood, and before my client claims executive privilege, that the matter of the specific conversations was not going to be the subject of inquiry because of some deference to the notion of executive privilege. If I am mistaken, I would like to be informed and then at least I can have some time to consult with my client. I would like a ruling, though, as to whether or not this is a proper area of inquiry.

**The Chair:** This subcommittee has already decided that any discussions that took place between the minister and the Premier were not going to be permitted as a result of executive privilege. Now, I did not object to the question at that point in time because I do not believe that Mr Tilson had completed asking the question and I understand that it may possibly have been a question that asked of the minister as to what her actions were, which I do not believe we have dealt with. But certainly, any questions, any issues, that dealt between the minister and the Premier were not going to be permitted as a result of executive privilege.

**Ms Edwardh:** That clarifies it. Thank you very much, Mr Chairman.

**Mr Tilson:** Well, Mr Chair, I was simply asking when she first raised the matter with the Premier. I did not ask what was said.

**Hon Miss Martel:** And I will not be responding to contents, thank you. Mr Tilson, I spoke to the Premier directly about this on Tuesday, December 10.

**Mr Tilson:** And did you have any other conversations with him?

**Hon Miss Martel:** Yes, I did.

**Mr Tilson:** How many?

**Hon Miss Martel:** I had another one on the following day.

**Mr Tilson:** Any other conversations?

**Hon Miss Martel:** No.

**Mr Tilson:** That is all you had, even after all the questions that were being raised in the House?

**Hon Miss Martel:** There were two discussions that I had with the Premier, himself and myself.

**Mr Tilson:** Yes.

**Hon Miss Martel:** They took place on Tuesday the 10th and on Wednesday, December 11.

**Mr Tilson:** Well, now, I will get on to another area and that is the whole issue of matters that were being raised involving the billings of doctors in the north and your reaction to that. Specifically with respect to Dr Donahue at least, and others, you appeared to be annoyed, to be angry, with some of the billing practices of some of the doctors in the north. Do you feel that you were justified in being angry against those doctors who you felt throughout were wrong?

**Hon Miss Martel:** Mr Tilson, if I might, the one individual whom I was very unhappy with was Dr Donahue and that has been made clear in this committee. What I was angry about was the way that he portrayed this particular issue and the way that he led what I would call his lobbying on this particular matter. I felt then, and I feel now, that the way it was handled was totally inappropriate, that on many occasions in talking to the press he made quite contradictory statements with respect to his billings, first of all. He told his patients and he told the community that he was being forced to leave, and in fact in a number of articles he said he was going to the United States. But I also knew that he was in the process of opening a clinic in Sudbury, so he was not going anywhere, and yet it was clearly what he was telling his patients and what he was telling the public.

**Mr Tilson:** There is no question that he was on a campaign to criticize the government for the way it was handling the whole issue. He was very critical of your government.

**Hon Miss Martel:** That is true.

**Mr Tilson:** And I guess we watched how—

**Hon Miss Martel:** But, Mr Tilson, can I just say one more thing before you get to your question?

**Mr Tilson:** Well, let me finish.

**Hon Miss Martel:** I guess the other thing I would raise in terms of what I was angry about was: Health care is really important to people in this province. It is critical in my community because people have fought long and hard to try and attract and maintain specialists. I think it is really awful for a specialist to threaten to leave when I do not think he had any intention of leaving, and to tell people their services were going to be withdrawn, when in fact I



also did not think he should be withdrawing his service because the adjustments were not coming until December, and because his financial statement was quite a bit different than he was leading the public to believe. I think what I found really awful about this was what he did to the public in terms of creating hysteria and concern and fear around their health care and access to it. That is the bottom line which really made me angry about this.

**Mr Tilson:** There is no question he was on a campaign against the government. He was doing a number of things which you and your government colleagues did not approve of and you were angry and your actions justified it—the very fact that we are here, the very fact that we are having this hearing is a result of your anger because of the meeting with Mrs Dodds. The name Donahue was mentioned and you went bonkers. At least, that is your testimony. Bonkers is a little strong, but that is essentially what happened.

So I guess the question I have is, the next time that someone, whether it is in Health or someone else, decides to criticize the government in a manner that you and your colleagues do not like, how are you going to conduct yourself?

1420

**Hon Miss Martel:** Well, there are two things, Mr Tilson, if I might. I do not think what I said in Thunder Bay was to stop a criticism of the government, and in fact I had been working very hard in the last three weeks up to that point to try and change what the policy was on this particular matter. I had been trying to convince the Ministry of Health that the statement with respect to there would be no more exemptions was not going to work, and in fact in northern Ontario, in my community in particular, it was going to cause a great deal of trouble. So I was actually, in behind the scenes, actively trying to change what was the policy at that point.

Secondly—

**Mr Tilson:** Dealing specifically with Dr Donahue—

**Hon Miss Martel:** No, I am going to answer that.

**The Chair:** Order. Please allow the minister to respond.

**Hon Miss Martel:** That is the first thing, because you asked me about the next time someone criticizes government policy, all right?

**Mr Tilson:** Yes.

**Hon Miss Martel:** And I am saying that what I said about him I do not think reflected on my concern about government policy, okay? It concerned his actions around this matter.

Secondly, I would like to be able to tell you and tell this whole committee that I would never fly off the handle again. I do not think I can say that. I do not think you could say that if you were sitting in my position. I do not think any member in this room could and not wonder what may happen in the future that may lead them to say, in a moment of anger, rightly or wrongly, something that they deeply regretted later.

**Mr Tilson:** Well, I understand what you are saying, although I guess we are looking at how you were actively getting involved in this. You have accused Dr Donahue,

rightly or wrongly—because there are no facts. You do not have facts. These are based on newspaper reports, on comments from patients, from comments and individuals you know as to the alleged conduct that Dr Donahue has. And it has boiled down, the fact of the matter is, he is a major critic of your government, and quite naturally you have taken no action other than your own actions.

I assume, for example, you could have gone to the Ministry of Health and requested an investigation. You have suggested criminal activity. You could have contacted the Ontario Provincial Police. You have suggested other wrongdoings with respect to billings and excess staff. You could have gone to the College of Physicians and Surgeons in your capacity as a minister, or at least indirectly through the Minister of Health. You have that ability. But instead you chose to go another route. I guess it gets down to the whole question as to how you will act if someone else decides to criticize the government, an individual, on your policies, your government policies.

**Hon Miss Martel:** A couple of things: You said there were no facts, and I can tell you that most of what I put together in my head came from Dr Donahue's own statement to the media, and he made many statements, and most of them were quite contradictory.

Secondly, it was my feeling all along that because he was requesting an exemption, sooner or later he was going to have to sit down, like everyone else who was requesting an exemption, with the Ministry of Health and go through his practice and his billings and his costs and his expenses. So at some point or another, like any other specialist who was dealing with this particular matter, he would have to come, and then there would be a study done at that point in time of what his situation was.

You have asked me again, how do I know whether this might not happen again if someone approaches me with respect to government policy? I can only say what I said to you before, earlier in the testimony. I do make every effort that I can, in public and in private, to live up to the guidelines that are set out for my conduct, because I recognize how important that is to the public. If you were to say, "Will you make a mistake again?" I could not promise you that. I do not think anyone in this room could do that.

**Mr Tilson:** I would like to ask one final question dealing with the area of your admission to this committee that you have breached the Premier's guidelines, and specifically you have indicated that you handled this matter wrong, and the counsel has referred to you, to the guidelines. I must confess, I listened to your making that admission, and I listened to you making your admission last June, June almost a year ago, June of 1991, when you admitted that you breached the guidelines there. In fact you offered your resignation. This was in the House on June 13. Very briefly, I am going to read the latter portion of your letter that was read to the House.

**Mr Owens:** Is this material?

**Mr Tilson:** No, I am not filing any material.

I am referring to Hansard of June 13, 1991:

"While in opposition, I wrote two letters on behalf of constituents to the College of Physicians and Surgeons.



However, while my letter was written regarding a constituency matter, I am a member of the government and the cabinet. Upon reflection, I realize that it is difficult for the public to discern between the role of a representative of the constituency and the role of a representative of the government and indeed cabinet. It is not appropriate to write such a letter and I profoundly apologize for doing so.

"I deeply regret my error in judgement and any embarrassment this has caused the Premier, my colleagues, my staff and the staff at my ministry. It is clear that the writing of such a letter could be perceived as having exercised undue political influence on the College of Physicians and Surgeons.

"Therefore, in order to accept responsibility for this possibility, I have offered my resignation to the Premier. I leave the matter in his hands. Again, I apologize to all the House, to my colleagues and to the public for the error which I have committed."

Now, that is an admission that you erred on the guidelines. You have admitted at these hearings that you erred on the guidelines. Quite frankly, the facts are very similar with respect to your conduct. In fact, they again were dealing with medical matters.

I would like you to justify the fact that in both situations you admitted that you violated the guidelines, and yet it was only in the situation in the spring of last year that you offered your resignation. Why would a minister, in admitting that she violated the guidelines, not have resigned?

**Hon Miss Martel:** There were a couple of things. Let me go back to the incident in June and talk about that for a second. Two things come to my mind in terms of why I offered my resignation at that point.

Number one: In our system the separation between the executive and the judiciary is quite clear. It is important that that separation be maintained, and it also has to be maintained with respect to independent tribunals, of which the College of Physicians and Surgeons can be considered one. At that time I had quite openly written a letter which very much could have been used in a public way and which the public could have perceived as me using influence as a minister of the crown, even though it was signed as an MPP, to try and exert undue pressure on the college with respect to a particular physician. I find that to be a very serious breach of what has to be a very clear division between our executive council and government, and independent tribunals.

Second, the writing of the letter itself: I sat at home on a Sunday afternoon doing my case work and came upon this letter. I went through it and I agreed with the premise that had been stated by the constituent that something should be done and that the doctor should not be allowed to practise as charges were pending. I sat and I wrote out a letter in longhand to the college to say just that. There was a whole great deal of thought in that, and it was an action that I think was quite deliberate. I sat, I wrote it out and I sent it in to be typed.

It was quite a bit different, in my mind, from the action which occurred in Thunder Bay on the 5th, where there was no thought given whatsoever to what I said. I did not come into that room looking for someone so that I could

say the most outrageous thing about Dr Donahue that I could. I did not come into the room doing that. It was not a deliberate action. That it happened is not acceptable; I agree with you there. But in my mind the two are quite separate and apart.

Having said that, we all make judgements, and I certainly thought very seriously and very hard about resigning in this case. I did that over a couple of days, and at the end of the day, in thinking about this matter, what had prompted it, what I had done, what had happened, that I had gotten angry and I should not have, but I had gotten angry and got goaded in a conversation that I would have been much better to walk away from. I said something that should not have been said. I think that from there I did what I could to try and minimize that becoming a more damaging issue to the physician in particular. Having weighed all of those considerations plus what I think my role is here and what I think I can contribute, I decided that I would not resign in the second case.

**Mr Tilson:** Well, I look at the very first statement with respect to the guidelines, and that says, "To increase public confidence in the integrity of government," and then a number of guidelines are given. In June 1991, or perhaps it was prior to that time, it would appear that you made a mistake, because otherwise the Premier chose not to accept your resignation. On this occasion, on your own admission, at the December 5 meeting with Mrs Dodds, or the time with Mrs Dodds, you, on your own admission, made a deliberate lie.

So in June it was a mistake and, quite contrary, in December it was deliberate. I am still at a loss to coincide both those situations. In fact, I would suggest to you quite the contrary, that the situation in December is far more serious than the situation in June because of the deliberate nature of it.

**Hon Miss Martel:** Well, you see, Mr Tilson, I would disagree with you in the use of the word "deliberate." Let me say again, I did not walk into that room looking for the first person I could to blurt out something about Dr Donahue. That was not my intention at all when I walked into that room. It was a reception. I was meeting clients from the Ministry of Mines.

I was there at a Christmas party to talk about their concerns for mining and to wish them a merry Christmas, and I think there is a much greater difference between me sitting down, consciously writing out a letter that says, "I think this doctor should be removed because of the charges that are pending against him," versus me in the middle of a discussion which is very intense, which is very confrontational, where someone mentions this doctor's name and all of my anger with respect to what he had done in my community came out in a statement that, I agree with you, was quite inappropriate, but I think there is quite a significant difference between those two cases.

**Mr Tilson:** Is not the mistake in the June situation that you really did not know that you were dealing with the tribunal? It was a letter. I believe it was a mistake. But in this particular case, in the December situation, the Dodds incident, that was quite deliberate. You made a criminal



accusation of a doctor in a community, in a community where there are grave problems that you and your colleagues had raised with respect to alleged overbillings, and you had indicated that you had been frustrated with this man, that you did not approve of his tactics, you did not approve of what he was doing. You knew a lot about him. You had read about him. You had made your own inquiries about him. You had formulated an opinion about him. And you made a deliberate lie.

I do not know where the people of Ontario are going to know the difference when I read that guideline. I do not know whether they will know the difference when you say to—how are we going to “increase public confidence in the integrity of government” when we have trouble justifying those two situations? That is the confusion that I think many of us are having.

**Hon Miss Martel:** Well, Mr Tilson, I have tried the best I can to explain to you what was in my mind with respect to the differences. I think the added difference in the case of the June incident would also have to include the fact that in this province and in this process there has to be a very clear distinction between the cabinet and between the legal system and from their independent tribunals, and that the effect of my letter in June, the public perception that could have come from that, was very much that a cabinet minister was trying to influence a process, an independent tribunal process, that we should be nowhere near.

Those are some of the kinds of considerations that I made in my mind. Your use of “deliberate” and your view of the word “deliberate” and how it relates to these two circumstances are different than mine, and at the end of the day, in terms of public confidence and public trust, I have no doubt that I will be judged. I will be judged in my own riding and I expect this government will be judged as well. I recognize that.

**Mr Tilson:** Thank you.

**The Chair:** Thank you very much, Mr Tilson. Seeing no further questions from the third party, we will now move over to the government.

**Ms Edwardh:** I wonder if we could just have a five-minute recess before we go on to that stage.

**The Chair:** Absolutely. Certainly.

**Ms Edwardh:** Thank you very much.

**The Chair:** We will have a 10-minute recess.

The committee recessed at 1435.

1450

**The Chair:** We will bring the standing committee on the Legislative Assembly afternoon session back to order. Just prior to recess, the third party had completed its questioning. We will now, in rotation, move to members of the government side. I remind everyone that the time period is one hour per caucus. Mr Christopherson.

**Mr Christopherson:** Thank you, Chair. We do not believe that there is anything that we have to add or that needs to be added and would pass. Thank you.

**The Chair:** Thank you very much, Mr Christopherson. Having said that, I will move to the official opposition. Mr Elston.

**Mr Elston:** Thank you very much. Miss Martel, I have a few questions for you, mostly about your background, I guess, and history, to begin with. You have been in politics actively now, at least from an elected point of view, since 1987.

**Hon Miss Martel:** That is true.

**Mr Elston:** Were you involved in politics actively before that time?

**Hon Miss Martel:** It depends on what you mean by “actively.” If I might, Mr Elston, at that point in time when I was still living in the riding of Sudbury East, before I went off the university, I participated on a number of election campaigns.

**Mr Elston:** With your father.

**Hon Miss Martel:** That is correct.

**Mr Elston:** And probably with others.

**Hon Miss Martel:** Mr Rodriguez, when he ran federally in 1984.

**Mr Elston:** You know the political system pretty well.

**Hon Miss Martel:** Not too badly, yes.

**Mr Elston:** You served on the opposition benches from 1987 till some date in 1990 which I cannot recall at the moment. Is that true?

**Hon Miss Martel:** I will bet you cannot.

**Mr Owens:** Would you like me to refresh your memory?

**The Chair:** Order.

**Mr Elston:** And you had a pretty successful career in opposition, did you not? You led some very interesting—

**Hon Miss Martel:** Do I take this as a compliment, Mr Elston?

**Mr Elston:** No, really. Yes, I found you to be a very effective opposition politician. I have worked with you as House leader as well and I have found you to be a very effective person there. I even gave you some advice at one time about busy schedules which we will pass over for now.

**Hon Miss Martel:** I should have taken that advice, yes, okay.

**Mr Elston:** But you have led some very interesting campaigns about government business and government policies, have you not? You have been involved in opposition to Bill 162, for instance.

**Hon Miss Martel:** Correct.

**Mr Elston:** You were pretty instrumental in mounting a fairly diligent public offensive against that legislation.

**Hon Miss Martel:** That is correct.

**Mr Elston:** So why is it you were so surprised that people whose jobs are being taken away were confronting you on the day of December 5? You understand the system extremely well, do you not?

**Hon Miss Martel:** Yes, Mr Elston, I guess the response that I would give is that I do not normally have those kinds of meetings. I am not normally protested when I go out. I know it happens to all of us from time to time, but certainly it was a meeting that I had not expected. We had no indication that these people were going to come, even though it was an open house, and it was not really



until we arrived there and understood the magnitude of the problem, because not only were pilots there but their wives and children, that I found it to take me aback quite a bit.

I think the second thing is that you would know as well as I that at some of these things you also have staff who can make it a little bit easier or move you away or deflect some of that. You would know that. I ended up in the position of standing there quite by myself for some long time defending the government's policy while someone was coming quite close into my space. That made me anxious at that time and I remember that sentiment very clearly.

**Mr Elston:** I remember some of the discussions around Bill 162 and some of the organized public confrontations with individuals. They were quite close and they were quite heated, and ministers from an administration that I happened to serve in were actually confronted by that same type of active and angry and zealous crowd. So can you tell me, since you were involved in those issues of the day, why you would be surprised that other people would actually take the same type of action against you when they were upset?

**Hon Miss Martel:** I do not think I said I was surprised, Mr Elston. If I left you with that impression—quite the contrary. The impression that I was trying to convey is how I felt and what I went through on that particular day in question. I have, to the best of my ability, tried to express to the committee my feelings, my sentiments as I went through that day and encountered some of these difficulties. I do not often find myself in a crowd of predominantly males who I feel are quite close on my personal space, who are pointing their fingers in my face. I just do not. So whether or not that is common for other cabinet ministers, whether or not that is what Mr Sorbara felt like on the controversy on Bill 162, I can only tell you how I felt on that particular day. I was greatly unnerved by it.

**Mr Elston:** I was just pointing out that other ministers in other administrations have been confronted by very intense disputes, demonstrations, some of them organized, some of them orchestrated, in which they did not go about trying to defame some person as a manner of defending themselves or the public policy against those protests. Why is it that you think that you should survive when you have transgressed the guidelines in circumstances which are very much akin to what we have just described with 162?

**Hon Miss Martel:** Well, Mr Elston, I cannot speak for what other ministers go through and the positions they are put in and what they say or do not say. I can only speak for what I did, and that is what I have tried to do during the course of my testimony at these hearings.

I spent a lot of time in the 48 hours, at least, after that particular incident in Thunder Bay trying to sort out what I should or should not do. I tried to explain in my testimony this morning some of the considerations that I took account of in my head in responding to the decision which I ultimately made. I took a number of factors into account. I thought of them very seriously. I went back and forth in my head about resigning and not resigning, because at a couple of stages I had decided that I would, and at the end of all of that thrashing about in my head, decided that yes,

I had breached the guidelines—that was very clear—that there are, I would assume, in the Premier's mind differences in terms of how he deals with those breaches and that for my own self, while I recognized how serious a matter it was, I did not think, at the end of the day, it was a matter worth resigning over.

**Mr Elston:** We heard about the June event from questions that were raised by Mr Tilson. Do you recall a letter sent to you dated November 9, 1989, by Gord Wilson, who talked to you about the inappropriate use of his name in conjunction with meetings that you had not been at when they were discussing the issue of 162 with the Minister of Labour?

**Hon Miss Martel:** My recollection of a letter from Gord Wilson was with respect to a statement I made in the House on a particular matter of policy, yes.

**Mr Elston:** I will just quote from this letter and I think I will make it available as an exhibit as soon as I am finished with it here.

**The Chair:** Certainly.

**Mr Elston:** It says, "In my view, it was inappropriate for you to use my name in a letter to an affiliate of this federation on this topic and it was equally inappropriate for you to speak in the Legislature of the OFL's meeting with the Minister of Labour regarding the abovementioned regulatory process without first having had discussion with my office directly," and, "I am among the first to acknowledge"—and this is where he acknowledges—"the tremendous effort that you and the ONDP"—that is, the Ontario New Democratic Party—"caucus mounted in an effort to stop Bill 162 and I have personally commented to you as to the depth of this appreciation and recognition of your hard work on the issue."

This becomes evidence, does it not, of the way in which you carry out your duties, that you have an inability to maintain a balanced sense of your dedication and appreciation for the need to win the issue? Sometimes you make—in fact, on three separate occasions now you have made judgements which have crossed the bounds of appropriate behaviour, in this case of an opposition MPP, in the last two cases of a minister of the crown. Is it not true that you sometimes, and often, have shown a lack of appreciation for the line of activity?

**Hon Miss Martel:** Mr Elston, you used the word "often." I will not agree with that. I just will not.

**Mr Elston:** Okay, what would "often" be then?

1500

**Hon Miss Martel:** You are talking about my political history here over four years. I suspect that while I am the one who is sitting here answering questions, some others around this room would be hard pressed to say that something similar might not have happened to them, particularly in the context of Gord Wilson's letter. I would be hard pressed to think that I am the only one sitting in this room today who has ever made a mistake or made an error in judgement, okay?

There is no doubt that I do become passionate about issues which are of great importance to me. I was very



concerned about what was going on in my own riding and in the city with respect to the possibility of physicians leaving. There is no doubt about that. I was doing everything I could to convince the Ministry of Health that there had to be some kind of change, because from my reading of the cardiology situation in particular they may well have left. There was certainly that possibility. I was doing everything I could to try and reverse that policy in order that we may be able to keep the specialists.

But I am not going to sit here today and agree with you that on a normal day for me, or in the normal course of events for me, I make significant errors in judgement, such as the ones you have recounted, two in particular—I am not sure that I would put the first in the same category—or that I carry out my normal course of business in a manner that is not appropriate.

I have said to the members of the committee that I recognize the importance of the guidelines because of the impact they have on the public, and I do try, in my public and my private life, to live up to those. In the case in December and in the case in June I did not. That is quite correct.

**Mr Elston:** If three separate examples are not often, how many examples, how many transgressions would you consider would describe often making errors in judgement about the need to do whatever had to be done to win your way?

**Hon Miss Martel:** Well, Mr Elston, I think I have explained, in the case in Thunder Bay in particular, that quite contrary to being there defending government policy, I had taken a very active role in trying to circumvent some of that government policy in order to respond to a particular problem that was in my community. And second—

**Mr Elston:** Could I just interrupt you? I think you probably would choose a different word than “circumvent.” I suspect you would want to change that word. You are not trying to get around it; you are trying to change the policy, presumably, in fairness. I do not think “circumvent” is quite the right word.

**Hon Miss Martel:** Amend. Is “amend” a better word?

**Mr Elston:** Amend; I think it is a better word—

**Hon Miss Martel:** All right.

**Mr Elston:** —because all your other testimony is to that effect. And I am admitting, I mean—I am quite fair on that. You are not trying to undermine the policy; you are trying to change it, presumably.

**Hon Miss Martel:** I am trying to make a change to it in order that the specialists and physicians in my community would not be forced to leave, because the way they were written and the application were going to mean that.

I think what I am taking some exception to, if I might, with respect to your line of questioning, is the assumption I hear that somehow or other I make errors of judgement on a repeated basis and therefore may not be fit either to serve as a cabinet minister or as a member in this place. That I would take exception to. I admit I made mistakes and I wish I could say today that I will not make any more, but I do not think I can as a human—

**Mr Elston:** Surely you are going to try and undertake to us that you are not going to slander somebody again.

**Hon Miss Martel:** Well, I think “slander” is a legal term, which may or may not be appropriate in this forum. I think I have made it clear, through my testimony, Mr Elston, what went on that day and what happened and I deeply regret that I did that, because certainly I would not be in the position I am in here today, and quite familiar to the public of Ontario in a way that I wish I was not. But it happened. I cannot do anything else to change what happened.

**Mr Elston:** You felt Donahue was misleading—sorry, I do not think you said “misleading”; I think you said “manipulating” you, right?

**Hon Miss Martel:** Yes.

**Mr Elston:** You also said he was manipulating your community. True?

**Hon Miss Martel:** Perhaps a better word would have been the sentiments of my community. I felt he was manipulating me personally.

**Mr Elston:** And using you to do that.

**Hon Miss Martel:** Would you like me to go further?

**Mr Elston:** You had, long before December 5, made up your mind about Donahue, had you not?

**Hon Miss Martel:** Mr Elston, I do not think there is a particular point during those weeks that led up to December 5 where I can say that suddenly in the back of my mind I had this feeling about this particular specialist. Certainly there were points leading up to the December 5 meeting where I felt I had obtained some particularly new and relevant information that made me really question what he was after.

For example, on November 15, there was no indication at all that he was on the underserved area program. Therefore, the figures he was giving to the Treasurer and I with respect to his financial situation were quite incorrect. November 30, when I discover he is on the underserved area program, then the thought comes to me that he is making substantially more money than I had thought, but secondly, there was even less reason for him to be talking to the community about leaving because in fact his financial picture was much different; and (b) because the adjustment around the billing was not due to come in December, and we were working away to find a solution.

So I felt personally that while he had made a request by letter to me in writing for help, he was not really serious about it. I never felt that, even from the first and only time I met him publicly, which would have been on November 15. I never felt he was serious about his request at all.

In terms of what was happening in the community, yes, I think he played very much on the emotions of the community, for all the reasons I have already described.

**Mr Elston:** You had told us in your testimony earlier, as a result of November 15, the events of that day and I guess the meeting—and it is very close to these words—“I had responded positively, I thought,” and as a result he turned you off and he caused you to be frustrated. In fact, Donahue was becoming a real pain in the backside for you, as the lead of the three New Democratic members in Sudbury, was he not?

**Hon Miss Martel:** He was certainly a public figure in terms of what our focus was, dealing with the issue.



**Mr Elston:** This was your issue, was it not?

**Hon Miss Martel:** Yes.

**Mr Elston:** Among the three members?

**Hon Miss Martel:** Yes, I was the lead on it, that is correct.

**Mr Elston:** So every time he popped up in the press or in the media, it was you for whom there was more pressure, to whom more pressure was being applied, although it was to be distributed among the three of you. Is that not true?

**Hon Miss Martel:** No. I would disagree with you, because all of the three of us were receiving calls from his patients at that point. It was not solely targeted on our office.

**Mr Elston:** But this was your issue. You had to handle this for the three members in Sudbury, did you not?

**Hon Miss Martel:** Yes, and my issue and my response had to be how to find a satisfactory response to this situation.

**Mr Elston:** Not only did you have this issue, you also had the issue of the cardiologists, for whom you developed, over the course of their interventions with you, a better feeling than you developed for the Donahue issue, is that not true, although you handled both of them?

**Hon Miss Martel:** Yes, that is true, but I think I would like to take it on a much—on a global picture. I was the lead on the issue and my responsibility then was to find a solution.

**Mr Elston:** Yes.

**Hon Miss Martel:** That is what I am charged with. That is what each of us is charged with when we take the lead on an issue.

**Mr Elston:** That is right.

**Hon Miss Martel:** So my focus during that time was to find a resolution.

**Mr Elston:** You had decided certainly, or you were coming close to deciding, by November 15 that Donahue really did not want a solution from you. Is that not right?

**Hon Miss Martel:** No.

**Mr Elston:** You felt you were being used by him. You were frustrated.

**Hon Miss Martel:** No, Mr Elston, I would not use that date in my mind at all. When I went to the meeting on November 15, there were a couple of things that I knew: one, that calls were coming into our office from his patients. Those patients were saying very clearly that he had told them he was leaving the community. I knew as well, because he himself had been on TV, that he was in fact opening a clinic for hair removal, therefore was probably not leaving the community. I had not to that point seen any of the articles in the paper with respect to his saying publicly that he had reached the cap three months ago. Those I had not seen.

So the information I went to the November 15 meeting with in my head was (a) that he was probably not leaving, although he was telling people, and (b) he had 14 staff and there were concerns that were raised to me at a meeting of Steelworkers about what they did. To the best of my

recollection, I did not have much more information than that when I went to that meeting.

**Mr Elston:** You knew subsequently that Dr Donahue closed both his clinic and his practice, did you, from the end of November until mid-January?

**Hon Miss Martel:** I knew that he had closed his medical practice. On the day that he closed his medical practice, the announcement on the radio was that he would be opening his electrolysis clinic the next week.

**Mr Elston:** He testified here earlier that in fact not only was his practice closed, but so was the clinic, until the announcement of January 13, I think it was, by Frances Lankin.

**Hon Miss Martel:** Mr Elston, all I am recounting to you is what my knowledge was from the paper. Very clearly on a radio interview on Friday, the 29th, he said that he was closing his office, that he had to dispose of some half a million dollars worth of equipment and he would be opening his hair removal clinic on the Monday.

1510

**Mr Elston:** You found the November 15th meeting fairly intense, did you? At least confrontational. Maybe I should not say “intense” yet. I took it from your testimony you thought it was a fairly difficult meeting. There were more people there than you suspected?

**Hon Miss Martel:** No, that was not why I found it confrontational. I felt that Floyd and I had come there in good faith with an open mind about how to deal with this particular matter. We had been requested by Dr Donahue, and I had been by Dr Abdulla, to give them some aid with this particular matter. We came to a meeting in the expectation of getting information of how we could help and found quite the contrary, that Dr Donahue’s attitude at that point in time was that he really did not want any help. I was, at that point in time, very surprised about him taking out his cheques, throwing them directly in front of the Treasurer and saying, “You can pay all my staff their final paycheques.”

**Mr Elston:** Everybody throws cheques to the Treasurer these days.

**Hon Miss Martel:** I think he would wish. It seemed to me that for someone who wanted our help he went about a strange way asking for it.

**Mr Elston:** So you, by your admission there, had concluded as of the November 15th meeting that Donahue did not really want your help at all?

**Hon Miss Martel:** No, I would not say that either.

**Mr Elston:** Well, you just said that. I am sorry.

**Hon Miss Martel:** No.

**Mr Elston:** You just said, “He didn’t want our help; he threw the cheques in front of the Treasurer.”

**Hon Miss Martel:** Oh? I said it was a strange way to go about looking for our help.

**Mr Elston:** We will check Hansard, but—

**Hon Miss Martel:** If I might, my feeling that he did not want our help came as we made some efforts to try and arrange a meeting for him, as he had requested to me because he had not been able to talk to anyone in the



Ministry of Health for eight months. So as we went through the next couple of weeks and he at first said, yes, he would be quite prepared to come to a meeting with Dr MacMillan, one of my staff, to a point where he was not quite sure any more if he would, to a point where he did not want to at all because he did not want to be the focus of public attention or media attention any more and that he was not the issue.

Over the course of those conversations and over the course of a couple of days, then I became quite convinced that he had not wanted our help from the beginning. But I cannot say to you that at a specific point on one day this became clear to me. It happened as a consequence of things we were trying to do with our effort to give him some assistance.

**Mr Elston:** So November 15th was a bit of a surprise for you in terms of the day, the way the meeting unfolded, it became a little more intense, a little more confrontational than you had expected when you went into the forum?

**Hon Miss Martel:** I think that there was an adversarial attitude that was established.

**Mr Elston:** Mm-hmm.

**Hon Miss Martel:** I do not think it came from us in terms of Floyd and I.

**Mr Elston:** No, but it surprised you, though? You were taken aback by it?

**Hon Miss Martel:** But of course I was, because we were there as local representatives who were interested in figuring out how we could help.

**Mr Elston:** And not only that, but you had just gone through several other engagements. The night of the 14th you had flown up here, you had been back and forth, a very busy schedule, and you had come into this meeting on the 15th in good faith to help anyone who was there to receive help genuinely.

**Hon Miss Martel:** Uh-huh.

**Mr Elston:** You were interested. So being confronted by this sort of public demonstration became a little bit of an irritant to you, did it not?

**Hon Miss Martel:** I would not say that it was a public demonstration. I think the only demonstration was by Dr Donahue himself.

**Mr Elston:** Okay, but—

**Hon Miss Martel:** The others were quite fine.

**Mr Elston:** —his demeanour was upsetting to you at least, was it not?

**Hon Miss Martel:** I found it strange that someone who wanted our help would go to that kind of length to get it, because it was not the way I, if I were a constituent, would try and approach my local MPP for help.

**Mr Elston:** Did he make you angry? Did him throwing the cheques in front of the Treasurer make you angry?

**Hon Miss Martel:** I thought it was quite bizarre.

**Mr Elston:** Yes, it was upsetting that he would do all this.

**Hon Miss Martel:** Well again, Mr Elston, he asked for our help. That is a strange way to go about asking for help. I am not sure what else I can add.

**Mr Elston:** Yes, quite a surprise. I am trying to figure out then why your reaction in this particular meeting, which was a very big surprise and which followed an extremely busy week of flying back and forth from Sudbury to Toronto and defending your estimates and going through some local clinics and doing all this, resulted in you, by your own testimony, sitting down in the middle of this meeting and deciphering, with some detail, what you felt would have been his gross billings. Do you remember telling us about how methodically you went through that event in that meeting on November 15? Do you remember that?

**Hon Miss Martel:** It was not difficult for me to come to a conclusion about what his gross billings were. It did not require a great deal of calculation. He said to us at the meeting that he had reached his cap three months ago and the cap—

**Mr Elston:** Oh, yes. I am not disputing the fact that you did it. I am very interested that you, in the middle of this very tough schedule on this particular week, when by your own admission you had been flying back and forth—you had had some clinics, and you had other clinics that were being prepared—were able in the middle of a very surprised forum, where cheques were thrown on the table in front of the Treasurer, to sit down and coolly calculate the gross billings of a physician about whom you had been receiving a fair bit of difficulty, and in contrast to your description of how you reacted on a December 5 meeting where you had run into several surprise events. But by December 5, you had already concluded that you did not like Donahue much, at least his tactics. Is that not true? I should not say you did not like him personally, but you did not care for his tactics. In fact, they were offensive to you, were they not?

**Hon Miss Martel:** Can I answer?

**Mr Elston:** Yes.

**Hon Miss Martel:** Yes, I found that his tactics and the way he dealt with the matter were offensive. I felt he really manipulated the sentiments and the emotions of people in my community who have a deep respect and concern for health care.

**Mr Elston:** So when his name was mentioned to you, all you had to do was hear the name to defend yourself against a charge that he was unfairly being treated. Is that not true? Is that not why you reacted so quickly, because you had already made your mind up that you had to defend yourself and your government against his accusations? That is why you said the things you did, is it not?

**Hon Miss Martel:** Mr Elston, if I had thought—

**Mr Elston:** I am thinking reflex.

**Ms Edwardh:** Excuse me. Could she answer the question?

**Mr Elston:** Sure.

**Hon Miss Martel:** If I had thought at the time all of those things before I opened my mouth, I would have never said it. What I have tried to do here, to the best of



my ability, is to put into context for people what I was thinking as I moved through those weeks leading up to December 5, and second, what I was feeling as I moved through that day. If I had given any thought before I opened my mouth I would have never, ever said what I did; I would have walked away. But I did not, and I made the comments. I have tried to describe to the committee to the best of my ability what they were. I regret that I made them, but I cannot take them back. They are there. I have done what I can to try to respond to that situation and I am not sure what else I can tell you.

**Mr Elston:** But, really, what you tell us about December 5 is that the December 5 meeting was a culmination of a series of events which led you to believe that you had to defend yourself and your party against the attacks by one Dr Donahue in Sudbury. Is that not true? You had to set straight the record. Is that not true?

**Hon Miss Martel:** I go back to my point that I was not there defending government policy. I was quite actively, I think, trying to amend it, if "amend" is the best word we can use. I would not agree with you in saying that my response was a defence of government policy. No, I do not think it was.

**Mr Elston:** But the very mention of Donahue conjured up the issue and the manipulation you felt was being applied both to you and the people of Sudbury by that person. Your reflex was to deliver a defence of your people or of the New Democrats by saying the things you said. It was that reflex to defend yourself against an accusation that Donahue was being unfairly treated. Is that not true? That it may have been spontaneous may be very true, but it was a defence none the less, was it not?

1520

**Hon Miss Martel:** Mr Elston, if you were to stand back now and take a look at it and you have to make a decision whether or not it was, I did not think of that at the time. It was not something that was conscious in my mind that I have to say something in order to defend myself or I have to say something in order to defend government policy, even though I am actively trying to amend government policy. I cannot say to you today that I sat and thought about what I was doing, because I did not. I opened my mouth and there it was, and what was said, yes, is very wrong. But I cannot tell you what I was consciously thinking of or trying to decipher in my head before I said it because I just do not know.

**Mr Elston:** Was it not sort of a reflex or instinctive reaction when Donahue's name came up that you had information, that you wanted to put an end to any thought—that you had information you thought could put an end to any thought that Donahue was being useful in this debate?

**Hon Miss Martel:** Mr Elston, I can only tell you what I feel now. In hindsight, that may well have been the case. Was I thinking it then? I did not think of anything at that point. I just went ahead and opened my mouth. I am trying to answer you in the best way that I can. You are asking me to think about what I thought about, what rationale I was trying to build in my head before I said what I said.

There was no rationale. Obviously if there was, if I had thought about it all, I would have never said what I said.

**Mr Elston:** Rather instinctive like your writing the letter to the College of Physicians and Surgeons because at the moment that you read the letter requesting your assistance you said "That's what I'll do." In this situation, being confronted at the end of a very busy day, or maybe in the middle of a very busy day, by this person who came at you—I think that is as you described it—and by the mention of that name, it was instinctive for you to use whatever means were within your power to defend yourself against a false accusation about Donahue's plight. I think that is how people have to measure this. Those are my questions.

**The Chair:** Thank you very much, Mr Elston. Mr Conway, just prior to that, I would like to indicate that we will distribute that exhibit of November 9 as number 114. Mr Conway.

**Mr Conway:** Thank you very much, Mr Chairman. Ms Martel, I want to thank you very much for a very elucidating day and a half's worth of testimony. I have tried to listen very carefully to what you have said and, believe me, I can appreciate very keenly the circumstances in which you found yourself, particularly on the evening of December 5. I look at exhibit number 111 and it is a killer schedule. I hope that people inside government take a look at that and make sure those kinds of schedules are revisited. I am probably the only one in this room outside of yourself who can say that early in a ministerial career I had the opportunity to encounter Mrs Dodds in a Thunder Bay hotel to discuss matters of mutual interest of concern at the time. I was responsible for an extremely contentious public policy that our government was initiating. So from a very personal point of view I want to say I have some very keen appreciation for the circumstances in which you found yourself.

Having said that, and recognizing the limitations of time this afternoon, one of the most startling admissions to me in your testimony is that from that period of time, about 6:30, 7 o'clock on Friday, December 5, till late on the evening of Saturday, December 6, in Kenora, you, by your testimony this morning, admitted that you did not see that there had been a problem. It was only when the call came from Toronto, I believe, that you realized there might be some difficulty arising out of your private conversations with that person at the Airline the night before.

**Hon Miss Martel:** Mm-hmm.

**Mr Conway:** The fact that in a conversation in a public place you used words like "criminal" and "charges" with a person you did not know, particularly after your painful experience of June 1991 with the College of Physicians and Surgeons case, having regard to that very recent precedent, it did not cross your mind at all that the use of that kind of language with a person you did not know, albeit in a public place, albeit in what you thought was a private conversation with a person you did not know, that did not strike you until 27 or 28 hours later, and then only because someone from your office called, as potentially problematic?

**Hon Miss Martel:** That is correct, Mr Conway.



**Mr Conway:** I find that very troubling. I have said in your absence, and let me say in your presence, I have a very high regard for you personally. I know something of the family and the political tradition from which you come. I do not say this to be cute or glib. You are your father's daughter and you, I am sure, are very proud of that, and you should be. One of the things I have tried to imagine—I thought of this last night, because I went to bed watching John Rodriguez in the House of Commons. Fascinating, fabulous speech on the Mazankowski budget. If anybody wants to see Sudbury basin NDP populism at its best, I would recommend that tape from last night.

I am sitting here trying to imagine what friends in the NDP in Sudbury would do when a major public policy of which they are rightly proud was under attack in the kind of way that clearly Dr Donahue was attacking, and, I might add, not always by reference to the Marquis of Queensberry rules. It is very clear that by the end of November you, Elie Martel's daughter, are pretty ticked off at the way in which this gentleman is presenting the case. Believe me, I am entirely sympathetic as to why you would be—my words, not yours—ticked off at his presentation of the case around threshold and related matters.

I am trying to imagine how people then might behave and respond. I said in your absence, "The Elie Martel I know would have an instinctive reaction," and it would be somewhat mine: attack. I have before me in this hearing all kinds of evidence that suggests that there were a lot of people working inside the government preparing an attack dossier. I will not bore you with all of the exhibits, but we have—you have added, by the way, with exhibit 105, a very helpful one. It does not surprise me that someone in the Treasurer's office is saying that Donahue "wants taxpayers to support his entrepreneurial greed."

We know, for example, with exhibit 44—the very famous exhibit 44, the full version of which we have seen in this committee; this is the Teatero memorandum—that by late in the afternoon of November 13—perhaps it was some time November 14—certain political staffers either saw or had the opportunity to see this very, very relevant file. We know that people in the communications branch of the Ministry of Health either saw it or had the opportunity to see it. Boy, if you were out to get at Dr Donahue, would exhibit 44 be relevant to your interest.

I have been one of those who has been deeply concerned that your speech in Thunder Bay on the night of December 5 bears a very direct linkage to some of this material. I have not been able, on the basis of a lot of testimony, to make that direct linkage, though I am extremely suspicious and I probably will remain so. But I have got to take you at your testimony, which is very powerful, extremely powerful.

1530

I want to talk about the conduct of ministers, because I sit here and I listen, and just about everything you have said to me is entirely believable, particularly when I look at your schedule. What I do not understand, knowing particularly who you are and the circumstances from which you come—a keen appreciation of the principles of political propriety and ministerial responsibility—is that having done

what you did, for whatever reason, and regardless of how tired you were, and I can appreciate how stressed out you might have been, that when you as a minister of the crown said those things to which you have admitted, you do not imagine that to be misconduct. I just find that breathtaking. Not that you should not come back to a cabinet at some point, but to say those things about anybody—

I ask you this: You were an extremely effective Labour-WCB critic for your party. What would you have thought if in the midst of the worker compensation reform legislation that our government, perhaps very ham-handedly, introduced and pursued, I had gone to a meeting as, let us say, Solicitor General for the Peterson government and said to someone, who then reported to you: "You know, if you knew what I knew about that union leader, you wouldn't be nearly as supportive. I've seen his file, and I've got to tell you, what he's up to is almost criminal. You know, there are charges about to be laid." What would Shelley Martel have said or done?

I think Shelley Martel would have rightly said: "Conway, that's a penalty and to the penalty box you must go. You simply cannot say those things." And I am not being facetious. I mean, you are a bright, experienced, intelligent person, and I am not interested in getting into the details of the June event, where I am very, very sympathetic to your situation. Believe me, I am. But that did happen a few months before this event in December.

Your Premier in a very eloquent way in exhibit 112 said that the fundamental principles by which his ministers were going to be expected to behave and by which they would be judged were that they would at all times act in a manner that will bear the closest public scrutiny. You yourself have said that your conduct with Mrs Dodds fell far short of those guidelines. How is it that you can continue, for this time at least, in this cabinet, having done what you did and having regard to these guidelines?

**Hon Miss Martel:** Is that your question?

**Mr Conway:** Yes.

**Hon Miss Martel:** If I might, Mr Conway, I did try and answer that when I was being questioned by counsel. I will try again. I have, to the best of my ability, in the time that I have been here in opposition and in government, tried to maintain a high standard in terms of my conduct in public and in private. That is important. It is important for the public and for public trust, and I understand that, and I understood that very well when my father was a member here also.

In this case, a judgement was made. That judgement was made based on many hours of reflecting on what I had done, on regretting a great deal of what I had done, on wishing it would all go away but knowing that it was not, on reflecting on what had happened, the kind of schedule I had had, people who had been involved, and bearing that against or comparing it to I think my performance in this place and my performance as a minister and what I think I can still contribute in this place and to my riding. And bearing both of those very much in mind, after many hours of struggling with it, I decided that it was not a matter that I would put my resignation forward over.



**Mr Conway:** Alan Redway went to the Ottawa airport a few months ago as the federal Minister of Housing, and I am sure that when he went to the Ottawa airport the last thing he had in his mind was making some flip comment about airport security. But for whatever reason, he made an unfortunate comment that was reported, and in my view he did precisely the right thing. He stood down from the federal cabinet, because you just cannot have federal cabinet ministers—at least, one hopes one does not have federal cabinet ministers—going around being light-hearted about airport security.

Twenty years ago, Darcy McKeough, in his job as a Minister of Municipal Affairs, signed, I am sure quite inadvertently, a municipal something or other that affected South Chatham Estates, in which his brother or family had some kind of an interest, and without any delay, he tendered his resignation. He left. He came back within a few months.

I have listened carefully to what you have said. I just do not get it, because you have made a powerful case here today, but you have made a case for your going to the penalty box for at least some period of time.

When I hear your response to me earlier, I think back to what I thought a breathtaking column by Ms Landsberg in the *Toronto Star* of June 18, 1991, in which she is writing about the incident involving the College of Physicians and Surgeons. I was just dumfounded by that column by Ms Landsberg, because basically what she is saying there is that if the cause is just, just about any means are allowed. I am sorry, but the Premier has made plain that not just any means are allowed, that it is simply unacceptable, surely, to go into a public place as a minister of the crown and talk about “charges” and “criminal” as they apply to an identified individual.

Is not part of your problem that you are having an ongoing difficulty understanding that you are no longer Shelley Martel, the very active advocate for the good people of Sudbury, but that you are now a minister of the crown with broader responsibilities? You just cannot separate in your mind, as apparently Ms Landsberg has difficulty as well separating out—not only do some means disqualify themselves entirely, but that as a cabinet minister, you just simply cannot go around advocating in the way that you once did.

**Hon Miss Martel:** Well, Mr Conway, that may be the role we are supposed to play. However, I do not forget where I come from, I do not forget who put me here and I do not forget, ever, that there are some very important issues in my riding that I will have to deal with whether I am on the opposition side or on the ministers’ side. The day I start to forget that will probably be the day I start to go down and kiss the next election goodbye, because I do not think you can ever come here and forget about where you come from and who you represent.

**Mr Conway:** Listen, I am very sensitive to that, as I think all elected members are, but I think those of us who have served in government understand that when you are a cabinet minister, you have got a different kind of responsibility. It is not that many decades ago that the first thing one had to do as a private member upon the invitation to

join the cabinet was to resign and return to the riding to get approval to sit as a cabinet minister. That is a clear recognition of the doctrine that there is a different level of responsibility.

What I am having a great deal of difficulty with—and I thought over the lunch hour about what you said this morning, but does she not understand that as a minister, regardless of how tired you are, regardless of how you feel—and let me say again, I put myself in your position through October and November. I just look at the evidence before me and I say again, I am very appreciative of the frustration you would have had.

To be partisan for a moment, I am surprised at the extent to which some people out there are now reading and using the old NDP play book. I tell you, it is tough. I have been in the position. To see facts manipulated, to see only part of the story out there, to see what I might believe is half truth or incomplete or purposeful confusion is not very easy, but that does not allow me, surely, the right to go out and say, “You are about to face charges because what you are doing is very nearly criminal.” That is just inappropriate, inexcusable behaviour, without even reading exhibit 112, which is Bob Rae’s clarion call to a higher kind of public service.

Your government came to office committed to, if nothing else, a better level of conduct than those awful Grits who were thrown out on September 6, 1990, and I can understand how you would feel in that connection, but in my 16½ years, I do not think I can ever remember another cabinet minister—and there has been some considerable cabinet misconduct, I will tell you, on all sides—I cannot think of a case where a cabinet minister has walked into a public place and said the things you said, for whatever good or stressed reason, in Thunder Bay on the night of December 5. I do not think there is a precedent for that and I cannot imagine that you do not see that, for a short period at least, you ought to go to the penalty box.

1540

**Hon Miss Martel:** We all make judgement calls every day in what we do and how we operate around here and in private. I have made a judgement call on this particular issue, and the call I have made is that I can continue to make a very positive contribution as a Minister of Northern Development and Mines in this province.

At the end of the day, whenever we go to the polls next, I am sure, and you will know this well, people will judge accordingly. They will judge me in my riding, which is where I should be judged, and that is the call I have made.

**Mr Conway:** I appreciate that and, quite frankly, I would say that at the end of the day this is not your call. I would have thought that in this case, in this case especially, you would have tendered your resignation. That you, for your reasons, and you have your reasons, have not done so leaves another option, and we will talk about that in another place.

My final question, because my colleague from Kenora would like to ask a couple of questions, is, what is the public to think? What is the public to think of any minister of the crown who would do the things you did? I know



you in the way the general public would not and believe me, I have a great deal of appreciation for the particular circumstances of 6:30 Thursday, December 5th, I repeat for the third time.

What does the general public make of all of that, and what do you say to people who would say, "Whew, I might like to join the participatory democracy of Shelley Martel and Bob Rae, but I'll tell you, it is not going to be without some risk, because I know of another person who for good or for ill mixed it up with this gang and did he have his pedigree read." What would you say to someone who lives in Pembroke or Windsor or Cornwall who just looks on and says, "Mm-mm, this gang are bare knuckled and I think I'll stay away because I don't know what they're going to do to me"?

**Hon Miss Martel:** I will answer in a way of going back to my father, whom you have referenced, as I understand it, several times in this committee and have referenced here today. I think, frankly, that my father had a fairly outstanding political career. He would be a very good model to follow.

**Mr Conway:** Absolutely.

**Hon Miss Martel:** Whether you know it or not, or whether other members of this committee know it or not, on at least two occasions during the course of his political life here—once he was served papers for libel, very early the 1970s, for comments he made publicly about a developer in Sudbury. The second time he almost was served with papers for libel was in 1984 when he made an allegation about an assistant deputy minister in the Ministry of Labour outside the House. On two quite separate occasions he made very serious allegations which were mistakes.

I think everyone around here would agree with me that in spite of that he is not remembered for those things; he is remembered for the outstanding contribution he made in this assembly and in his riding. I can tell you, Mr Conway, I hope that at the end of the day, that is how people will remember me too.

**Mr Conway:** Let me say, we have all made mistakes, but what I am having difficulty with is that first, as a cabinet minister, you are not just a private member any more. Elie Martel and Elmer Sopha were among the most colourful people ever to grace this Legislature. I often wonder whether either one of them could ever have functioned as cabinet ministers. I think of those wonderful things Elmer used to say and, boy, talk about eloquent lacerations. No one handed them out more often than Elmer Sopha. But I wonder whether or not he could have stood the harness of cabinet government.

The point I am making to you is that of course we have all made mistakes, and human beings that we are, we will continue to make mistakes. But the doctrine, particularly the doctrine of ministerial responsibility—not something your father ever had to face as a private member—if it means anything, surely means that to go out in a public place and say: "You, Dr Donahue, are up to no good. I've seen your file. Let me tell you people that what he's about is very nearly criminal and charges could very well be laid"—if that is not, under a doctrine of ministerial responsibility by

the most minimal interpretation, grounds for at least a brief period outside of cabinet, I do not know what that doctrine means, and I certainly do not know what exhibit 112 means.

**Hon Miss Martel:** Mr Conway, we have gone through this a couple of times, and I think I have said as clearly as I can to this group that a judgement call was made, and the people who will judge me in the end are going to be the people in my riding.

**Mr Miclash:** Madam Minister, you made a comment just a while ago, in answering a question of Mr Conway, that you are going to be familiar to the public in a way that you wished you were not. Can you expand on that, please?

**Hon Miss Martel:** I guess I would have thought it was fairly obvious, Mr Miclash. This is not my proudest moment, as I expect you have already assumed, and I will be glad when this is over, whenever it is over, so I can get back and devote my full duties to the ministry that I am trying to represent. But it is not the way that I would ever hope to achieve notoriety nor would I really wish it on anyone else.

**Mr Miclash:** You are responsible for the Ministry of Northern Development, and part of that ministry is the underserviced area program. Can you explain to me how that brings health care professionals into the northern part of our province?

**Hon Miss Martel:** It seems to me that my personal feelings towards one particular doctor cannot in any way be construed as my general feelings for health care professionals who want to come to northern Ontario. The fact of the matter is that even in the affair that has gone on I have developed and have very good relations with a number of other physicians in my community who worked with me in finding a positive resolution to this matter. So I have no doubt in my mind that I can go out and tell people that it is a very good thing to come to northern Ontario and practice medical care, that we can use instruments that we have in our ministry to entice people to come and do just that, and at the end of the day I have no doubt that there will be more people who will come and do just that.

**Mr Miclash:** I find that difficult; I really have a problem with that because I know that you are the minister responsible for getting these people into our areas, and for you to have—I would have to come out and say slandered, smeared the reputation of a doctor; for this to gain the province-wide, maybe not just the province-wide but the national press that this has gained, and then for you to sit there and tell me that you do not think this is going to have any implication on drawing health care professionals into the north, I find very incredible.

One other thing I find incredible as well is that yesterday it was brought to our attention that you refer to some of the civil service, some of the people, the bureaucrats who work for us, work for me in my riding, work for you as minister, work for the Minister of Health, as rinky-dink: rinky-dinks who work out there in the field. When that was brought up, now, it was brought up in a personalized note of yours. But for you to even think that way of our civil servants, of our bureaucrats who back us up, whether we be a member of the opposition needing something from



the Ministry of Health or from the Ministry of Northern Development, for you to come out and refer to them as being rinky-dinks, now, that bothered me all evening.

I think of the people back in northwestern Ontario, the people who work on the front lines. How are you going to face them when they wonder where they are in terms of your rating as a ministry official, a bureaucrat, a civil servant for this province?

**Hon Miss Martel:** I think I made it fairly clear to the committee yesterday that I was sorry I had used that term, and the intent of it was to ensure that we had the highest level of people in the bureaucracy dealing with this matter so that it could be resolved, because what I was terribly afraid about is that it might fall through a crack somewhere and we would not at the end of the day find a resolution to what I thought was a terribly important health care matter in my community. That was why I wanted, in terms of those conversations with Michael Decter, to be very clear that he understood how serious a matter this was.

1550

But on the broader question again of whether or not I think people will come to northern Ontario as a result of this, I can tell you as clearly as I can right now that, yes, I think they will. I made a mistake with respect to a certain physician. I do not think that undermines in any way, shape or form my commitment to health care in northern Ontario. Over the last year that I have been here I also think that I have demonstrated that commitment in a number of the changes that we have, from the travel grant to the breast screening clinics that are going into Sudbury and Thunder Bay, to the research capacity that Dr Ho has now in terms of stem cell technology at the cancer treatment centre, to the work that I am doing now with the cancer treatment centre to expand some of its services, to the meeting I had with representatives from the health care community from Thunder Bay last week on the one-hospital concept, to a whole host of other northern medical issues that really concern me. I intend, in the time that I am here, to deal with those matters because I think they are particularly important to me and to northerners. No, I do not think that at the end of the day the comment that I made with respect to this physician is going to undermine all that work. I do not.

**Mr Miclash:** Again, Minister, I have to disagree with you on that aspect. But moving on to another aspect of something you indicated, I believe it was this morning, in your meeting with the ONTC, you indicated it was an 8 o'clock meeting. You realize how much grief your decision and then your reversal of the decision has caused me in the riding. I must say that just during the press reports I have taken a little bit of a blunt of that issue.

But I must go back to the issue and what you indicated, that when you walked into the meeting you were blindsided. You had met with these people three times previously. You did not have your facts straight. You had to reverse a decision that was reversed some time maybe that day, following that meeting, because of the consequences that came from that meeting.

Minister, I line that up to how you were prepared for the issues that were surrounding the whole incidents of the doctors in Sudbury. I align that to that in terms of I am surprised that you were not given more or had access to more information, more information at your fingertips when you approached this issue. As I say, I parallel both of the issues, the ONTC issue along with the issue of the Sudbury doctors. I must ask you, do you feel that you were adequately prepared for any engagement with the public in terms of the Dr Donahue issue?

**The Chair:** Mr Miclash, I would like to remind you your time has expired.

**Hon Miss Martel:** Let me say two things, if I might. I guess I take exception to your dramatizing your particular problem in your riding as being a result of my decision. I would recall for you, Mr Miclash, last December, December of 1990, when I said that I would not consider putting Dash-8 service into your community, you wrote and asked me to reconsider that decision. Then, when I made the decision that what we were going to do was to cause too much grief and it was not proper for me to continue with the Dash-8 decision, even before that, when the heat started in your riding, you wrote and you asked me to reconsider that too. So, you know, I am having some difficulty because, as the heat has changed in your community, so have your letters to me.

Now, having said that, the question about whether I think I was adequately prepared or not for meetings with the doctors, yes, I do think that I was. I had asked for and received information from the Ministry of Health with respect to those who were on the underserved area program so I could know who in my own community would not be affected. I had asked them for the total numbers of people who would be affected so I could understand and appreciate the magnitude of the problem. There were 13 of those, and I knew nine of them, because nine of them had already approached me for help. I had asked and received from Eugene LeBlanc help with understanding what kind of solution could come, how we could use the underserved area program in order to allow those physicians who are working in designated specialties to continue to practise and to be exempt from the cap at that point.

I think I had a lot of information. I think it came from some very good sources. It was public information and I think the efforts that I made—I think that I was adequately prepared for what I did and I think at the end of the day we have a solution that I think came very much from my community, from a number of doctors who sat down and figured out for me and allowed me to take that information to the ministry of how we could positively resolve that problem.

**The Chair:** Thank you very much. Time has expired. I would like to remind members of the committee that there will be the necessity to have an in camera session, so we will, in just a moment, recess so that we can arrange that.

I would like also like to indicate that I am going to be distributing as exhibit 115 a response to an undertaking that is provided by Sharon Murdock as a result of her



testimony. That is now being distributed and will be marked as exhibit 115.

Having said that—Mr Kormos.

**Mr Kormos:** On a point of order, Mr Chair: Earlier this afternoon, indeed earlier today, Mr Harnick, I trust on behalf of his caucus, tabled what purported to be and certainly appeared to be a transcript, and indeed what purported and appeared to be a complete transcript, of a broadcast on MCTV Sudbury March 3rd.

Now, I am loath to even suspect Mr Harnick of purposely misleading anybody in this room, but interestingly, the transcript of that interview that I received from the Ontario News Monitoring Network reveals Mr Harnick's version to be cutely edited, not of any great significance but the omission of the observation by the interviewer that Felix Bocy, the person being interviewed, and I am quoting, "Felix Bocy has known Dr J-P. Donahue for years."

I have given the clerk a copy of what I believe is the complete transcript. I would ask that perhaps that be made an exhibit. Again, this inadvertent, erroneous transcript having been filed, I am pleased to have the opportunity to correct that.

**The Chair:** Mr Harnick.

**Mr Harnick:** I made it very clear that I received this material in an envelope today. I did not know whether it was complete or not complete. I can appreciate that Mr Kormos may not believe what I am saying, and that is his right, but I tell this committee that this is what I received. I described how I received it and I filed it as such. So Mr Kormos can have all the reservations he wants, but the Hansard will speak for itself. I indicated what it was that I was filing, and this was all that I had.

**The Chair:** Thank you very much, Mr Harnick. I have listened carefully to the point brought forward by Mr Kormos. I am not certain that it is a valid point of order, but I am also not hearing any objection to the particular transcript being marked as an exhibit. Accordingly, I would like to recognize this particular Ontario News Monitoring Network transcript as exhibit 115—I am sorry, 116.

Having said that, I would recess this hearing for 10 minutes so that we might be able to move into an in camera session with the minister.

The committee continued in closed session at 1558.

The committee continued in open session at 1643.

KEITH HARFIELD

**The Chair:** We will resume our afternoon sitting of the Legislative Assembly committee and I will now call Mr Harfield. Good afternoon, Mr Harfield.

**Mr Harfield:** Good afternoon.

**The Chair:** Mr Harfield, it has been the procedure in this committee that an oath is administered prior to questioning commencing, and I would ask the clerk to do so at this time.

Keith Harfield, sworn.

**The Chair:** Again, as is the custom of this committee, I will issue a warning, and that is that in the event you are asked a question that you cannot properly answer without

divulging confidential information, could you or your counsel please advise the committee, and if that information cannot be provided without divulging information of a confidential nature, then the matter can be addressed in an in camera session.

Mr Harfield, if you might introduce your counsel for Hansard's purposes.

**Mr Harfield:** My counsel is Mr George Rust-D'Eye.

**The Chair:** Thank you very much. Again, how the committee works is that counsel to the committee, Ms Jackson, will commence with questioning and at the completion of that there will be a rotation from caucus to caucus. Having said that, I would invite Ms Jackson to start questioning.

**Ms Jackson:** Mr Harfield, I understand that you are a resident of the area near Sudbury?

**Mr Harfield:** Yes, Manitoulin Island.

**Ms Jackson:** You are a management consultant, sir?

**Mr Harfield:** Yes, I am.

**Ms Jackson:** You have your own company that operates in the area of management consultancy?

**Mr Harfield:** Yes, I do.

**Ms Jackson:** What is the name of it?

**Mr Harfield:** Harfield and Associates.

**Ms Jackson:** Mr Harfield, there has already been reference to the fact in these proceedings, sir, that you are here under Speaker's warrant. Is that correct?

**Mr Harfield:** That is correct.

**Ms Jackson:** And, I think it is fair to say, here somewhat reluctantly. Is that right?

**Mr Harfield:** At this time I wish to apologize for not appearing yesterday.

**Ms Jackson:** May I just say, Mr Harfield, I am going to ask you about yesterday specifically, but before we get into yesterday, even before yesterday there was some reluctance on your part to come to testify. Is that right?

**Mr Harfield:** That is true. The reason I did not want to testify is I was receiving phone calls from clients stating that I was spreading confidential information. Confidentiality is very sacred to me and, for that reason, I did not feel I should attend this hearing.

**Ms Jackson:** What do you think it would do to your business if you developed a reputation for breaking confidences?

**Mr Harfield:** Basically, it would put me out of business.

**Ms Jackson:** Is that why you were reluctant to testify?

**Mr Harfield:** Yes, it is.

**Ms Jackson:** Now, we know, because you were here on Monday, that you were here on Monday pursuant to the Speaker's warrant and at that time, of course, we put your evidence over to yesterday morning. You recall that?

**Mr Harfield:** Yes, that is true.

**Ms Jackson:** You were not in fact here to give evidence yesterday morning, correct?

**Mr Harfield:** I was admitted to the general hospital. They wanted to keep me there for observation, but I requested I had to be here for a 10 o'clock meeting.

**Ms Jackson:** Can we start back a little bit earlier in the day. How did you come to be at the Toronto General Hospital?

**Mr Harfield:** I had dinner around 10 o'clock Monday evening, and about 12 o'clock these severe pains—pain in my stomach took place. I did not sleep at all. Finally, at 4:30 I felt my entire stomach was going to explode. I then had the front desk call a cab and went to emergency of the Toronto General Hospital at 4:30 in the morning.

**Ms Jackson:** Were you seen at the emergency department?

**Mr Harfield:** I was seen first by the nurse, then the general practitioner and then the surgeon.

**Ms Jackson:** What were you told about the suspected cause of your condition?

**Mr Harfield:** Firstly, they thought it was an appendicitis attack, and then they believed, at a later time, that it was food poisoning.

**Ms Jackson:** In the result, did you stay in the hospital?

**Mr Harfield:** No, I had requested that I be at this meeting for 10 o'clock, so they released me at 8:45.

**Ms Jackson:** What did you do then?

**Mr Harfield:** I returned to my hotel room, had a shower, shaved and was attempting to come to this meeting when I took very ill.

**Ms Jackson:** What happened after that?

**Mr Harfield:** I called my counsel and told him I would be unable to attend.

**Ms Jackson:** Did you pass out?

**Mr Harfield:** After a two-hour session in the washroom, I passed out until 3:30.

**Ms Jackson:** What happened then?

**Mr Harfield:** I again called George Rust-D'Eye and explained the situation.

1650

**Ms Jackson:** At some point in the day did you again talk to the doctor you had seen at the emergency department?

**Mr Harfield:** Yes, at 3:30. I explained to him what was happening and he told me to stay on strictly clear fluids and take some Tylenol. He also wanted me to return, but being by myself I had no strength, so I ended up telling him I was unable to return to the hospital.

**Ms Jackson:** When you talked to the doctor and described what had happened to you during the day, did that assist him in deciding whether it was appendicitis or food poisoning?

**Mr Harfield:** From what I told him, he diagnosed it as being food poisoning.

**Ms Jackson:** All right. You have been good enough to obtain from that doctor a letter and your hospital record. I am advised that we are having some Xeroxing problems, so we will distribute it to the committee members shortly.

Mr Chairman, could I ask that we assign it an exhibit number?

**The Chair:** Yes. That will be reserved as an exhibit.

**Ms Jackson:** It is for those reasons that you were not here yesterday?

**Mr Harfield:** That is correct.

**Ms Jackson:** Mr Harfield, I understand that you are the president of the small business association, which is a provincial organization. Is that correct?

**Mr Harfield:** Yes. The majority of our members are in northern Ontario, but it is a provincial organization.

**Ms Jackson:** Can you describe briefly for the committee what the association does or what its purpose is?

**Mr Harfield:** The purpose is to work with government and try to improve the communication with government and small business, which seems to be a problem there. We are trying to improve that.

**Ms Jackson:** Is there a division within the association called the Contax Club?

**Mr Harfield:** Yes. There is a new club formed for that reason: to invite government people to attend and listen to small business and business people's complaints.

**Ms Jackson:** Did that club have a planned event in the latter part of November 1991?

**Mr Harfield:** Yes, November 28.

**Ms Jackson:** A Thursday night?

**Mr Harfield:** A Thursday evening.

**Ms Jackson:** What in general terms was the nature of that event as it was planned?

**Mr Harfield:** We had three guest speakers on the schedule, and I am not sure if our office contacted Dr Donahue or Dr Donahue contacted us to appear to give us some idea of what was happening with the ceiling on his billing.

**Ms Jackson:** In any event, there was some contact and a suggestion that Dr Donahue would come to this event and speak on matters relating to the ceiling on billing. Is that right?

**Mr Harfield:** Yes. That is what took place.

**Ms Jackson:** When the possibility that Dr Donahue would attend the meeting arose, did you do anything in respect of that?

**Mr Harfield:** At that time I made a few calls to different people I know in the area to analyse the situation.

**Ms Jackson:** When you say "to analyse the situation," what were you trying to determine, if anything?

**Mr Harfield:** I was trying to determine if there was an actual problem for doctors in the health care system.

**Ms Jackson:** In that connection, did you contact one person or a number of people?

**Mr Harfield:** I contacted a number of people.

**Ms Jackson:** Approximately how many?

**Mr Harfield:** Three or four.

**Ms Jackson:** By phone?

**Mr Harfield:** By phone.

**Ms Jackson:** Were these people in government?



**Mr Harfield:** Yes, they were.

**Ms Jackson:** I understand that it is your view that the identity of these people is a confidential matter. Is that correct?

**Ms Harfield:** That is correct.

**Mr Kormos:** Excuse me, Mr Chair, please. There has been no suggestion that this man has legitimate confidential links in the government. I do not see how, if the contacts are illegitimate ones, they can then be regarded as confidential. The man is a private entrepreneur. So far the answer suggests that he has contacts in government from whom he obtains information. I surely do not see how, not having that link to those people that is bona fide or legal, he could claim that these contacts are somehow confidential.

**The Chair:** Mr Kormos, this is a matter which has already been discussed in other areas. If, as has been the case in the past, a witness comes before this committee and feels that there is a matter of a private and confidential nature, in keeping with the warning provided earlier, this particular matter can be dealt with in camera and then reviewed thereafter by counsel and by the subcommittee. Ms Jackson.

**Mr Kormos:** Chair, one moment, please. If he had deep throats or moles in the Ministry of Health or any other part of the government, surely the public ought to know about it and surely the members of this committee ought to know about it, and not in secret.

**The Chair:** I understand your point, Mr Kormos. You will also recognize this is specifically a matter that has already been discussed in other areas and decided. Ms Jackson.

**Ms Jackson:** Can you describe for the committee, Mr Harfield, generally the kind of information that you obtained from these three or four people to whom you spoke?

**Mr Harfield:** I received figures that I thought very little of. They had no meaning to me.

**Ms Jackson:** I am sorry, you thought very little of. I did not hear what you said after that.

**Mr Harfield:** It meant very little to me. I had no interest in knowing someone's billing rates and billing schedule.

**Ms Jackson:** Are you suggesting that what they told you was his billing rates and schedule?

**Mr Harfield:** I am not aware that they are the correct figures.

**Ms Jackson:** But they gave you billing information.

**Mr Harfield:** That is correct.

**Ms Jackson:** Concerning Dr Donahue?

**Mr Harfield:** Yes.

**Ms Jackson:** Now you indicated that you were endeavouring to determine something about the sort of threshold or ceiling policy. Were you endeavouring to find out what Dr Donahue's billings were?

**Mr Harfield:** I have heard several different figures, and therefore I would not want to repeat any.

**Ms Jackson:** No. I am sorry if my question was not clear. When you made these contacts with the three or four

different people, were you hoping to find out what Dr Donahue's billing numbers were?

**Mr Harfield:** No. I had no intention of finding that out at all.

**Ms Jackson:** You said you were trying to find out something about the threshold policy of the government as it related to the issue Dr Donahue proposed to bring forward. Is that correct?

**Mr Harfield:** That is correct.

**Ms Jackson:** Can you explain how it was then that you came to get billing information? Why was it that these people gave you billing information?

**Mr Harfield:** I appeared to be sympathetic towards the doctors and it made this one person angry, and for that reason they provided me with these figures.

**Ms Jackson:** Were you given any information apart from Dr Donahue's billing numbers? Were you told anything else about his practice that you can now recall? I am just asking for the type of information at the moment.

**Mr Harfield:** Just the types of billing that he was making.

**Ms Jackson:** Do you mean the types of services he was billing for?

**Mr Harfield:** That is correct.

**Ms Jackson:** All right. Having received that information, did you then tell it to anyone?

**Mr Harfield:** I discussed it with no one else other than Dr Donahue.

**Ms Jackson:** When did you discuss it with Dr Donahue?

**Mr Harfield:** It was after our Contax Club meeting.

**Ms Jackson:** So he did come to the meeting.

**Mr Harfield:** Yes, he did.

**Ms Jackson:** Had you ever met Dr Donahue before?

**Mr Harfield:** No.

**Ms Jackson:** After the meeting, how did you come to be talking to Dr Donahue?

**Mr Harfield:** It is designed for mingling after the meeting. Dr Donahue and I started discussing what he had said and somehow the figures came up and he denied those figures. He said they were incorrect.

**Ms Jackson:** All right. Was there any discussion in the context of that conversation as to whether you and he would have an ongoing business relationship?

**Mr Harfield:** He then suggested that possibly our firm could prepare a proposal to Premier Bob Rae, and he was to mail me the next day his facts and figures that he had prepared.

1700

**Ms Jackson:** The issue of your doing that kind of work for him, was that something suggested by him or by you, or do you remember?

**Mr Harfield:** I do not remember. It was kind of a mutual thing.

**Ms Jackson:** Now I have to ask you, Mr Harfield: Dr Donahue has testified that when you reported the billing information that you had to him, that he was very shocked because it seemed to him to be accurate. Do you have any recollection at all of his suggesting that any of the numbers you gave him was accurate?

**Mr Harfield:** He did return a call a week or so after and he stated that those were actual figures.

**Ms Jackson:** I see. And in that call, did you have any other discussion about those figures or where you had got them from?

**Mr Harfield:** No, that was—I told him I was not revealing the source.

**Ms Jackson:** Did he ask you?

**Mr Harfield:** Yes.

**Ms Jackson:** And have you ever told anyone else what information you received from these three or four people?

**Mr Harfield:** No, I did not.

**Ms Jackson:** Have you ever been contacted by anyone else, apart from my office recently, in an attempt to determine what information you received or from whom?

**Mr Harfield:** There was a fellow by the name of John Hinds from Ian Scott's office that called a few days later and asked what my source was.

**Ms Jackson:** And what did you tell him?

**Mr Harfield:** That I was not revealing the source.

**Ms Jackson:** Did you tell him what information you had received?

**Mr Harfield:** He had already known that.

**Ms Jackson:** All right. Did you speak to it to anyone else?

**Mr Kormos:** I am sorry. I did not hear that answer.

**The Chair:** Order.

**Ms Jackson:** Would you repeat your answer, Mr Harfield?

**Mr Harfield:** Ian Scott already knew that I had information on the figures.

**Ms Jackson:** Did he—did you indicate to him what the number was that you had, number or numbers you had received in respect of Dr Donahue's billings?

**Mr Harfield:** No, I did not.

**Ms Jackson:** Did he indicate that he knew what the number was, or numbers were, that you had received?

**Mr Harfield:** I do not believe he mentioned numbers at all.

**Ms Jackson:** Now you have said that with respect to Mr Scott. With respect to Mr Hinds, was there any discussion between you and Mr Hinds as to specific dollar numbers of billings that you had received?

**Mr Harfield:** There was not.

**Ms Jackson:** Did you speak to Mr—when did you speak to Mr Scott in relation to when you spoke to Mr Hinds? Was it before, after or in the same call?

**Mr Harfield:** The first call was Mr Hinds, and he then asked me to speak with Ian Scott, and then within an hour or two Ian Scott returned a call.

**Ms Jackson:** Returned the call or called you again?

**Mr Harfield:** Called me again.

**Ms Jackson:** Why was he calling you again?

**Mr Harfield:** He asked if I—he was bringing it up to the House and asked if I would discuss those figures with Premier Bob Rae, or that I had received this confidential information from Premier Bob Rae.

**Ms Jackson:** And what did you say?

**Mr Harfield:** I said if the Premier wants to know, I would certainly give him that information.

**Ms Jackson:** Now I have pointed out to you just before this session that the question of this conversation between yourself and Mr Scott was raised in the House on Monday, December 16th. Are you able to place this call in relation to that exchange in the House? Was it the same day, the day before, shortly before or a long time before?

**Mr Harfield:** It was the same day.

**Ms Jackson:** All right. There is an indication in Mr Scott's remarks in the House that he had received a telephone call from you with respect to this matter. Did you ever initiate a call to Mr Scott?

**Mr Harfield:** No, I did not.

**Ms Jackson:** Did you ever—do you recall ever describing the person or people from whom you received this information as "a health official"?

**Mr Harfield:** I do not recall ever saying it was a health official.

**Ms Jackson:** Would it be, in your view, given the identity of this person or these people, correct to describe them, or any one of them, as a health official?

**Mr Harfield:** I spoke to health officials, but I did not receive confidential information from health officials.

**Ms Jackson:** So the information you received on Dr Donahue's billings and the kinds of the practices he had did not come from someone you would call a health official?

**Mr Harfield:** No.

**Ms Jackson:** Apart from the disclosure of the information you received to Dr Donahue, did you ever tell anyone else what information you had received about Dr Donahue's billings?

**Mr Harfield:** Could you repeat that?

**Ms Jackson:** You have indicated that having received some specific information about Dr Donahue's billings you told Dr Donahue himself about that on November 28. Have you ever told anyone else what information you received about Dr Donahue's billings?

**Mr Harfield:** No, I did not.

**Ms Jackson:** Have you ever told anyone who you got it from?

**Mr Harfield:** The source?

**Ms Jackson:** Yes.

**Mr Harfield:** No way.



**Ms Jackson:** Well, I understand you have had some conversations with Mr Donovan, who wrote the Toronto Star article on January 26?

**Mr Harfield:** Yes, he did interview me.

**Ms Jackson:** Did you tell him any of the confidential information you had received from any of these sources?

**Mr Harfield:** No, I did not.

**Ms Jackson:** Did he tell you where he had received any of the information he has in that article? Let me ask you specifically with respect to the dollar billing numbers that are in that article, did he tell you where they came from?

**Mr Harfield:** No, he did not.

**Ms Jackson:** There is an indication in that article that there is an ongoing review, or was at the time, of Dr Donahue's practice and his billings, and some reference to the medical review committee. Did Mr Donovan tell you where, if anywhere, he got that information?

**Mr Harfield:** We discussed it. I am not certain.

**Ms Jackson:** I think the balance of my questions of Mr Harfield will have to be canvassed in camera.

**The Chair:** We will now start the rotation with the members of the government. It is a 20-minute time period.

**Mr Christopherson:** Mr Harfield, I am having some difficulty reconciling some of the things that I think Dr Donahue said and some of the testimony you have given today, so forgive me for going back over some ground. I am just trying to get it clear.

At this business contact meeting, you approached Dr Donahue, correct?

**Mr Harfield:** No, I did not. It may have been an office coordinator. I am not even in that office. So I do not know if he approached us or we approached him, but he wanted to be there. That is all I know.

**Mr Christopherson:** Let me go directly to it. Dr Donahue has given testimony that—and I ask to stand corrected; I do not have the exact transcript in front of me—at that meeting when you came up to him, that was the first time he had met you.

**Mr Harfield:** Yes, that is correct.

**Mr Christopherson:** That is correct as you understand it. Did you approach Dr Donahue?

**Mr Harfield:** I think the coordinator introduced me to him. Somehow we just kind of bumped shoulders.

**Mr Christopherson:** Okay, and can I ask how you got from just being introduced to someone to letting him know that you had what he considered really some of the most important personal business that he has? How did you get to that point in the conversation where suddenly you are telling him what you know about his billing?

**Mr Harfield:** At the time he was interested in having us prepare a business proposal for Bob Rae, and that came up very suddenly. I was not sure I wanted that. From the information I had received, I was not sure I wanted that business opportunity.

**Mr Christopherson:** Was there some discussion then in the initial contact that led you to believe there might be

a business offer, that you would then try to get this information about Dr Donahue?

**Mr Harfield:** No. That information was of no interest to me at all. It was just a sudden response from this person. 1710

**Mr Christopherson:** Just to save time because 20 minutes does not last long, Patricia, did Dr Donahue not give testimony that he was not trying to solicit any kind of business, or was it more that Mr Harfield was not trying to solicit from him?

**Ms Jackson:** I am sorry, I do not think I want to be—

**Mr Christopherson:** You cannot—

**Ms Jackson:** There are a number of remarks by Dr Donahue on this point and I do not think it would be fair for me to try to characterize them in that way.

**Mr Christopherson:** That is fair, thank you. Let me try it this way: You had this information on Dr Donahue when you got to this business meeting, correct?

**Mr Harfield:** Yes.

**Mr Christopherson:** Can I ask you, why did you have that information? What was the motivation that had you asking for and receiving information about Dr Donahue since you had not even met him before that meeting?

**Mr Harfield:** I wanted to see that it would fit into our mandate of our meeting—his problems, his concerns—and at that time, November 28, I was not very familiar with the \$400,000 ceiling.

**Mr Christopherson:** So when you got to that meeting you were planning to make a business pitch to Dr Donahue, or you knew that there was already some contact that there may be a business offer in the offing?

**Mr Harfield:** No, I had no intentions, absolutely none.

**Mr Christopherson:** The problem I have is, if you did not have that ahead of time—and I am sure there is a straightforward answer; I just cannot seem to get the right question that elicits that from you—why then would you go out of your way, assuming that you did, to use whatever contacts you have to get that information about Dr Donahue?

**Mr Harfield:** I was not after that information. I was after information on the ceiling.

**Mr Christopherson:** When you used your contacts. And that information was just offered to you about that particular doctor—

**Mr Harfield:** That is correct.

**Mr Christopherson:** —and about no other doctors.

**Mr Harfield:** No.

**Mr Christopherson:** And when would that be? What date?

**Mr Harfield:** It would be the day of November 28.

**Mr Christopherson:** That same day, so you made the calls in anticipation of going to this meeting and you were doing your homework.

**Mr Harfield:** That is right.

**Mr Christopherson:** We are going to talk more about that in camera, I understand. Could I ask about the article? In the article Mr Donovan uses figures and you have

testified that you did not give him those figures. Can I ask you, did he say to you with certainty in his voice that these were the figures, or was he throwing out—

**The Chair:** Order. I think that—

**Mr Christopherson:** In camera stuff?

**The Chair:** Yes.

**Mr Christopherson:** All right.

**The Chair:** I think that asking any question dealing with the accuracy of any one particular figure may be something that may be posed in camera.

**Mr Christopherson:** Okay, thank you. Further then to the questions regarding Mr Scott's office, you say that you did not initiate the call to him. Do you have any reason to know why Mr Scott would stand up in the Legislature and state that "Today I received a telephone call from Keith Harfield"?

**Mr Harfield:** I do not know why he would make that comment. The Toronto Star investigator did actually investigate that and did find in fact that John Hinds had made the call to me.

**Mr Christopherson:** Now did I understand correctly when you were answering Ms Jackson's questions that it was your impression that Mr Scott already knew the dollars when he called?

**Mr Harfield:** I am not aware of that. We did not discuss dollars that I recall.

**Mr Christopherson:** Did Mr Hinds?

**Mr Harfield:** Not that I recall.

**Mr Christopherson:** So Mr Hinds called you, and what was the conversation like? He phoned you up and said, "Hello, I'm Mr Hinds from Mr Scott's office"? Is that the first contact you had ever had with Mr Scott's office?

**Mr Harfield:** Yes.

**Mr Christopherson:** Or with Mr Hinds?

**Mr Harfield:** Yes.

**Mr Christopherson:** What happened in that conversation?

**Mr Harfield:** He wanted to know my source. The purpose of the call was to find out my source.

**Mr Christopherson:** So it was a very short conversation? You just said "I'm not going to tell you" and he then said "Mr Scott wants to talk to you directly"?

**Mr Harfield:** Yes.

**Mr Christopherson:** And then Mr Scott called back about an hour later; he called you?

**Mr Harfield:** Yes.

**Mr Christopherson:** Can you tell me what happened in that conversation?

**Mr Harfield:** He then told me that he was going to bring this information to the Legislative Assembly.

**Mr Christopherson:** And again a short conversation? How long?

**Mr Harfield:** We discussed other topics other than Dr Donahue's case.

**Mr Christopherson:** Are those topics related at all to this inquiry?

**Mr Harfield:** No, just about tourists on Manitoulin Island.

**Mr Christopherson:** I see. Fine. Thank you. I believe Mr Kormos has some questions, Mr Chair.

**The Chair:** Mr Kormos?

**Mr Kormos:** When Mr Scott spoke in the Legislature he indicated that you said that the official from whom you received this information was a friend of yours. Is that an accurate description of your contact by Mr Scott in the Legislature on December 16 last year?

**Mr Harfield:** I do not recall that, but I would consider the person a friend.

**Mr Kormos:** You are a consultant. Part of what a consultant does is acquire information, right?

**Mr Harfield:** That is correct.

**Mr Kormos:** It is no big secret that consultants of all ilk have contacts all over this government and the federal government, all sorts of places. That is no secret, is it?

**Mr Harfield:** It is beneficial.

**Mr Kormos:** Yes. I mean, part of your job is cultivating those contacts and sustaining them, correct?

**Mr Harfield:** That is correct.

**Mr Kormos:** People pay you to utilize those contacts.

**Mr Harfield:** Yes, I would say so.

**Mr Kormos:** Here is a contact you described to Mr Scott as a friend of yours, correct?

**Mr Harfield:** Yes.

**Mr Kormos:** Mr Scott says you indicated to him that it was given to you by a health official. Mr Scott told the Legislature, December 16, 1991, that his information was that the information you received was obtained by you from a health official. Is that an accurate description of the person from whom you received the information?

**Mr Harfield:** No, it is not. There are a number of errors in that report.

**Mr Kormos:** But in the instance of the legislative comments on December 16, he identifies you as having received the OHIP billings of Doctor X, and that is what you received from your contact.

**Mr Harfield:** Yes.

**Mr Kormos:** And you indicate that you did not specifically ask for Dr Donahue's or any specific doctor's billing figures?

**Mr Harfield:** I had no intentions of getting doctors' billings. That was not the purpose of my call at all.

**Mr Kormos:** In your call in here—the counsel may well intervene, because I concede I want to get as close to the edge as I can without going over the edge—you contacted a person in the provincial Ministry of Health.

**Mr Harfield:** No, I did not.

**Mr Kormos:** You contacted a person at the local health level.



**Mr Harfield:** No, it was a government person. It was not in the Ministry of Health.

**Mr Kormos:** Okay, you are talking about a provincial government person.

**Mr Harfield:** Yes.

**Mr Kormos:** You are talking about somebody in the OHIP field or somebody outside of the OHIP field?

**Mr Harfield:** Someone outside of the OHIP field.

**Mr Kormos:** Someone whom you used to receive information on a variety of areas, not just health areas?

**Mr Harfield:** Yes.

**Mr Kormos:** Was this person civil service staff?

**Mr Harfield:** Yes.

**Mr Kormos:** And this person has been your contact for a considerable period of time, I trust, he or she being a friend.

**Mr Harfield:** I have not known this person that long.

**Mr Kormos:** How long was it before Dr Donahue called you back to confirm the accuracy of the figure you presented to him?

**Mr Harfield:** I would think a week or two.

**Mr Kormos:** And there was yet one more telephone contact from Dr Donahue, or no more?

**Mr Harfield:** No more.

**Mr Kormos:** When Dr Donahue contacted you that period of time after you presented his OHIP billings to him to confirm that they were accurate, he expressed what, concern, outrage, or an interest in your ability to get this information?

**Mr Harfield:** He was somewhat concerned and quite upset.

**Mr Kormos:** You and he discussed going to Mr Scott with this, did you not?

**Mr Harfield:** No, I do not believe we—I all of a sudden received this call from John Hinds. I did not know the purpose of that.

**Mr Kormos:** You did not know who John Hinds was?

**Mr Harfield:** No.

**Mr Kormos:** You knew who Ian Scott was, because he was the AG and is a prominent MPP.

**Mr Harfield:** Yes, I did.

**Mr Kormos:** How long did it take you to make the link as to why it was that John Hinds from Ian Scott's office, why it was that these folks were calling you?

**Mr Harfield:** It did not take long.

**Mr Kormos:** Why? Because they indicated that Dr Donahue had contacted them?

**Mr Harfield:** Yes.

**Mr Kormos:** That was the first time you were aware that Ian Scott was going to be involved in this exchange of information?

**Mr Harfield:** Yes.

**Mr Kormos:** Did Dr Donahue deny the figure you posed to him when you finished your contacts meeting up in Sudbury?

**Mr Harfield:** Yes, he did deny it.

**Mr Kormos:** He denied it? He said that was not accurate?

**Mr Harfield:** That is correct.

1720

**Mr Kormos:** Did he express its inaccuracy as being outrageously outlandish—far, far beyond the scope, or sort of not quite it down to the decimal point?

**Mr Harfield:** He became very irate and said that those figures were totally incorrect.

**Mr Kormos:** Too high, too low or no comment?

**Mr Harfield:** No comment.

**Mr Kormos:** And you talked to Kevin Donovan, who did the Toronto Star article, January 26, 1992?

**Mr Harfield:** Yes, I did.

**Mr Kormos:** And in one of the final paragraphs it is, "In another instance, management consultant Keith Harfield,"—that is you?

**Mr Harfield:** Yes.

**Mr Kormos:** —"who had been contacted by Donahue to assist him in his battle with the government,"—is that a correct description of Donahue's contact with you?

**Mr Harfield:** It is somewhat close.

**Mr Kormos:** Donahue had talked about retaining you.

**Mr Harfield:** At one time, yes.

**Mr Kormos:** Retaining your services.

**Mr Harfield:** Yes.

**Mr Kormos:** And if he denies that now, what do you say to that?

**Mr Harfield:** I have no proof from anyone that—

**Mr Kormos:** Except your word against his.

**Mr Harfield:** That is right.

**Mr Kormos:** And you say that if he denies that, he is wrong?

**Mr Harfield:** Yes.

**Mr Kormos:** —"contacted by Donahue to assist him in his battle with the government, telephoned the person he will only describe as a 'health official.'" That is a reasonably accurate description of what you did, is it not?

**Mr Harfield:** Well, that part of the health official, I believe, came out of the—Ian Scott's statement.

**Mr Kormos:** So you are suggesting that you did not tell Mr Donovan from the Toronto Star that you had been contacted by Donahue and Donahue talked with you about you working for him as a management consultant on the health issue? You are not saying that, are you?

**Mr Harfield:** Repeat that please.

**Mr Kormos:** You told Mr Donovan from the Star about your possible professional relationship with Dr Donahue.

**Mr Harfield:** Yes, we discussed that.

**Mr Kormos:** And you discussed with Mr Donovan your telephone call with your contact, did you not?

**Mr Harfield:** Discussed Mr Donahue's—

**Mr Kormos:** No, your contact, your health contact, the one who fed you the information about Donahue's billings. You discussed that with Mr Donovan, did you not?

**Mr Harfield:** No, we did not discuss that.

**Mr Kormos:** He did not ask you about that at all?

**Mr Harfield:** Oh, he asked me for my source.

**Mr Kormos:** You confirmed it.

**Mr Harfield:** He asked me for my source and I did not give it to him.

**Mr Kormos:** Well, sure, but you indicated to him quite clearly that, yes, you indeed did call a health person or a contact and obtain health information, did you not? You confirmed that to Donovan?

**Mr Harfield:** Yes, that was already a foregone conclusion.

**Mr Kormos:** And by the time you had this interview with Donovan, Dr Donahue had already called you to confirm that the figure you had received was correct, had he not?

**The Chair:** I am sorry, again the question that deals with dollars and the accuracy of that—as long as that is not—okay?

**Mr Kormos:** Thanks.

By the time you had done the interview with Donovan from the Toronto Star, Donahue had already called you to confirm that the figure you presented to him, the only billing you had presented to him on what, November 28, that that figure was correct. Donahue had confirmed the accuracy of your information by the time you had done the interview with Donovan, had he not?

**Mr Harfield:** He had said that those figures were correct.

**Mr Kormos:** Yes. And you know that Donovan cites a figure for Dr Donahue's gross billings in that same article, do you not?

**Mr Harfield:** Yes, I do, and the Toronto Star reporter actually gave me a completely different figure.

**Mr Kormos:** He gave you a different figure than the one that is cited in the article?

**Mr Harfield:** That is right.

**Mr Kormos:** And you corrected him?

**Mr Harfield:** No, I did not.

**Mr Kormos:** You responded to the figure, did you not?

**Mr Harfield:** Where did I respond to the figure?

**Mr Kormos:** I am asking you. You responded to the figure, did you not?

**Mr Harfield:** No, I did not respond to the figure.

**Mr Kormos:** But you indicate that you were not about to comment on the figure that Mr Donovan had? Is that what you told the reporter?

**Mr Harfield:** I was not going to—at that time, and I still am not sure of what the figure was. I have heard three different figures.

**Mr Kormos:** You had a figure and Donovan had a figure, did you not?

**Mr Harfield:** By the time I talked to Dr Donahue I had already forgotten his figure. When he told me it was incorrect, that was the end. I put it out of my mind then. I deal with figures every day. I cannot remember one figure.

**Mr Kormos:** My question about whether or not the figure cited in Donovan's article rings a bell, we will wait for in camera. Now, what is interesting is, in view of the fact that you as a consultant cultivate your contacts, why would you be prepared to burn your contact even with the Premier of the province of Ontario, especially one who is a friend?

**Mr Harfield:** He asked for the source. I would never burn my contact.

**Mr Kormos:** Well, what would you have provided them by way of source?

**Mr Harfield:** I would hope that—as I stated earlier, confidentiality is very sacred to me and if there is a problem within the government, then I would certainly—I trust and I respect Bob Rae and I would give Bob Rae that information only.

**Mr Kormos:** You would identify your source to the Premier?

**Mr Harfield:** If it would improve confidentiality, I would.

**Mr Kormos:** Notwithstanding that means you would not have the access to the information that was very much a part of your stock in trade.

**Mr Harfield:** Rephrase that.

**Mr Kormos:** Look, if you burned your source you would not have access to the person who was very much a part of your stock in trade, would you?

**Mr Harfield:** Well, that is the way I do business.

**Mr Kormos:** But there are others, I trust, who similarly provide you with information, in addition to the one who provided you with Dr Donahue's OHIP billings?

**Mr Harfield:** Yes, I have other sources of information.

**Mr Kormos:** In all sorts of places, including throughout the provincial government.

**Mr Harfield:** Yes.

**Mr Kormos:** I mean, the person who provided the OHIP billings is not the only one, is he? Or is it she?

**Mr Harfield:** No, there are many places you can get—

**Mr Kormos:** Many persons in many places.

**Mr Harfield:** That is correct.

**Mr Kormos:** And you know that these people are breaking freedom of information legislation when they are providing you with this information?

**Mr Harfield:** In some cases I suppose they are.

**Mr Kormos:** And do you know that by virtue of your requesting the information you are probably putting yourself—you may well have received advice in this regard—but you are putting yourself in a position where there is certainly complicity, are you not?

**Mr Rust-D'Eye:** Mr Chairman, I do not think that is a fair question. He did not say he asked for the information; he said he received it.

**The Chair:** Mr Kormos—



**Mr Kormos:** You contact these people—thank you. How much more time—

**The Chair:** I would just like to remind you there is one minute remaining.

**Mr Kormos:** Have you utilized your sources since November 28 when you called upon them to get the information in preparation for dealing with Dr Donahue?

**Mr Harfield:** Did I reveal my sources?

**Mr Kormos:** Did you utilize them, use them?

**Mr Harfield:** Utilize my sources?

**Mr Kormos:** Yes, your contacts, your deep throats, your moles.

**Mr Harfield:** Not—I do not do business that way.

**Mr Kormos:** And the contact who gave you Dr Donahue's OHIP billings, has she gotten hold of you since this whole matter has become oh so public?

**Mr Harfield:** No, I have not heard from that person.

**Mr Kormos:** Has she expressed concern either directly or indirectly to you?

**Mr Harfield:** No.

**Mr Kormos:** And have you bothered to contact her to indicate that you were prepared to burn her to the Premier?

**Mr Harfield:** No.

**Mr Kormos:** Thank you.

**The Chair:** That completes the questioning. No questions from the official opposition, from the third party.

**Mr Harnick:** Just very briefly, so that I completely understand this, you had the information regarding Dr Donahue's billings, as I understand it, before you ever met Dr Donahue. Is that correct?

**Mr Harfield:** I had this information. I am not sure this information is even correct.

**Mr Harnick:** No, I am not asking you about that. You had some information that you had received from your contact about Dr Donahue's billings before you ever met Dr Donahue?

**Mr Harfield:** That is correct.

**Mr Harnick:** All right. And I gather that you got that information on November 28.

**Mr Harfield:** Yes.

**Mr Harnick:** That would be some time during the day. And on the evening of the 28th was when you had that meeting.

**Mr Harfield:** That is correct.

**Mr Harnick:** All right. And it was at the end of that meeting that you first met Dr Donahue.

**Mr Harfield:** Yes. Well, during the meeting.

**Mr Harnick:** Or during the meeting, and you had never spoken to him before.

**Mr Harfield:** No, I had not.

**Mr Harnick:** All right. Now, at any time have you ever spoken to or contacted Sharon Murdock, Shelley Martel or Floyd Laughren?

**Mr Harfield:** Could you rephrase that?

**Mr Harnick:** At any time have you ever contacted Sharon Murdock, Shelley Martel or Floyd Laughren?

**Mr Harfield:** I have contacted all three many times.  
1730

**Mr Harnick:** Did you ever contact those individuals regarding the issue of the threshold?

**Mr Harfield:** I believe our office contacted all three.

**Mr Harnick:** Did you ever convey to Sharon Murdock, Shelley Martel or Floyd Laughren the information that you received from your contact with the government when you received it—the information that you received on November 28th?

**Mr Harfield:** I am not sure what you are after here. At this time I would like to point out that Shelley Martel did not, and her staff and her employees did not, give me any information.

**Mr Harnick:** No, I am not asking you whether they gave you any information. I am saying—you have told me that you have spoken to Sharon Murdock, Shelley Martel and Floyd Laughren and, in fact, that you spoke to those people about the issue of the threshold. Correct?

**Mr Harfield:** I had over 25 calls concerning this case and I am not sure what I have discussed with them on this.

**Mr Harnick:** What I want to know is whether the information that you obtained from your contact on November 28—you were told something; you learned something about Dr Donahue. Did you ever discuss what you learned about Dr Donahue with Sharon Murdock, Shelley Martel or Floyd Laughren?

**Mr Harfield:** Yes. Shelley Martel's office did call me after the information was in the Legislative Assembly, and I explained the fact that I had not instigated that situation.

**Mr Harnick:** Did you ever, after November 28, contact Sharon Murdock, Shelley Martel or Floyd Laughren to tell them about the information that you had?

**Mr Harfield:** I do not recall, ever.

**Mr Harnick:** You are sure about that?

**Mr Harfield:** I do not recall ever calling them to tell them that I had this information.

**Mr Harnick:** All right. Did you speak with any other people who worked in the offices that they ran? I mean the offices run by Sharon Murdock, Shelley Martel and Floyd Laughren in Sudbury. Did you ever speak to anybody in those offices to tell them about the information you had about Dr Donahue?

**Mr Harfield:** I talk to those three offices on a regular basis and I do not believe that issue ever has come up.

**Mr Harnick:** You are telling us now that you have never told any of those individuals or the people that work for them about the information that you had about Dr Donahue's billings?

**Mr Harfield:** No, I would never release that.

**Mr Harnick:** All right. Did anyone from those offices ever contact you?

**Mr Harfield:** As I said before, the only time I was contacted was by Shelley Martel's assistant, on the same

date, December 16, when Ian Scott brought it to the Legislative Assembly.

**Mr Harnick:** All right.

**The Chair:** Mr Tilson.

**Mr Tilson:** Just a couple of questions. You have indicated that you made three or four phone calls as a result of the possibility of Dr Donahue coming to—Cortex, is it?

**Mr Harfield:** Contax.

**Mr Tilson:** Contax?

**Mr Harfield:** Are you asking me who I called?

**Mr Tilson:** I am asking you just to confirm what I thought you said, that you made three or four calls.

**Mr Harfield:** Yes, that is correct.

**Mr Tilson:** And these individuals provided you with information concerning Dr Donahue's billings.

**Mr Harfield:** No. In this case I was out to gather data on the ceiling, the OHIP ceiling issue.

**Mr Tilson:** Yes, but in those conversations did information concerning Dr Donahue become available through those calls?

**Mr Harfield:** Yes.

**Mr Tilson:** Yes. By one or all four?

**Mr Harfield:** I received information about Dr Donahue in at least two of those calls.

**Mr Tilson:** Three calls?

**Mr Harfield:** I would think only two.

**Mr Tilson:** Only two? And did they ever produce anything to you in writing?

**Mr Harfield:** No, I did not.

**Mr Tilson:** They were all oral conversations.

**Mr Harfield:** Yes.

**Mr Tilson:** And they all said pretty much the same information.

**Mr Harfield:** No, there was different information from each call.

**Mr Tilson:** But concerning Dr Donahue they were basically the same.

**Mr Harfield:** Yes.

**Mr Tilson:** You indicated that Dr Donahue had called you later to confirm the accuracy of the information that you had.

**Mr Harfield:** Yes.

**Mr Tilson:** Yes. And he indicated he was very upset.

**Mr Harfield:** Yes, he was somewhat upset that this information was released.

**Mr Tilson:** Can you elaborate more on what he did say to you?

**Mr Harfield:** He was not upset with me, he was upset with the system.

**Mr Tilson:** Oh, I understand that. Could you elaborate on what he did say to you?

**Mr Harfield:** He did state that I should reveal my source and that he would see to it that I would have to reveal my source.

**Mr Tilson:** Did he say anything else?

**Mr Harfield:** I do not recall anything else. I am sure there was, but—

**Mr Tilson:** Is this source from a local office in Sudbury?

**Mr Harfield:** Yes, it is.

**Mr Tilson:** Source or sources? Both sources?

**Mr Harfield:** It was strictly local calls.

**Mr Tilson:** From Sudbury.

**Mr Harfield:** Yes.

**Mr Tilson:** Thank you.

**The Chair:** Thank you very much, Mr Tilson. Seeing there are no further questions, that would complete the rotation in the public session. As is evident, we are going to now be moving into an in camera session. However, I would just like to note for members of the committee that there will be distributed as exhibit 117 the report from the doctor, as was elicited by Ms Jackson during her questioning. That is distributed as exhibit 117. We will now recess for 10 minutes to then recommence in an in camera session.

The committee continued in closed session at 1738.



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Elston, Murray J. (Bruce L) for Mr Scott

Kormos Peter (Welland-Thorold ND) for Ms S. Murdock

Wood, Len (Cochrane North/-Nord ND) for Mr Bisson

**Also taking part / Autres participants et participantes:**

Edwardh, Marlys, counsel, Ruby and Edwardh

Rust-D'Eye, George H., counsel, Weir and Foulds

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M-39 1991/92

M-39 1991/92

ISSN 1180-436X

## Legislative Assembly of Ontario

First Intersession, 35th Parliament

## Assemblée législative de l'Ontario

Première intersession, 35<sup>e</sup> législature

## Official Report of Debates (Hansard)

Thursday 12 March 1992



## Journal des débats (Hansard)

Le jeudi 12 mars 1992

### Standing committee on the Legislative Assembly

Inquiry re  
Ministry of Health  
information

### Comité permanent de l'Assemblée législative

Enquête concernant  
certains renseignements  
du ministère de la Santé

Chair: Steven Offer  
Clerk: Douglas Arnott

Président : Steven Offer  
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Published by the Legislative Assembly of Ontario  
Editor of Debates: Don Cameron



Publié par l'Assemblée législative de l'Ontario  
Éditeur des débats : Don Cameron

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# LEGISLATIVE ASSEMBLY OF ONTARIO

## STANDING COMMITTEE ON THE LEGISLATIVE ASSEMBLY

Thursday 12 March 1992

The committee met at 1016 in room 151.

### INQUIRY RE MINISTRY OF HEALTH INFORMATION

**The Chair:** Good morning. We will call the Legislative Assembly committee to order to commence our morning proceedings.

Prior to moving on with our first witness, I would like members of the committee to receive, which will be distributed, the in camera transcript of Deputy Minister Decter of March 2. That will now be distributed and marked as exhibit 118.

As a second order, I would like to inform members that it is the intent that the calling of the witnesses for today will be Kim Morris, Dr MacMillan, Mary Fleming and Nuala Doherty.

Third, I would like to introduce members to counsel Larry Taman, who will be acting as counsel to the committee for today.

Last, I would like to welcome Kim Morris, the constituency assistant to Shelley Martel, before this committee. Good morning.

**Miss Morris:** Good morning.

**Mr Christopherson:** On a point of order, Mr Chair: Just before we begin today's proceedings, there is an issue of extreme importance, as far as our caucus members are concerned, that I feel I must raise before we begin today. There was yesterday, of course, and it is in the media today, the suggestion and the allegation that there was a leak of information by the Sudbury civil servants, and we moved to in camera. That name has now been given, and I raised it in subcommittee, and we feel obliged to raise it again today. This is not a star chamber. Somebody has been accused of very serious infractions, the name has been mentioned, and we feel that in the interest of justice for that individual, for the civil servants in Sudbury who have a cloud over them and for the public who are not hearing as much of these hearings as they need to, and hopefully we will rectify that in the final report, but because of those concerns, we feel it is absolutely necessary that this individual be called in and be given an opportunity to respond to those allegations.

I have had a chance to review the terms of reference as well as the House leaders' agreement, and the three documents that form that House leaders' agreement state very clearly in a memo to Dave Cooke from Remo Mancini, dated January 23, "However, the total list of dates the committee can sit should include the days of February 14, 21 and March 13." Those reflect the Fridays of each of the weeks that we are meeting.

This caucus is prepared and is committed to being here tomorrow to hear this witness, to give him a chance to respond to those allegations. I implore you and the subcommittee to reconsider and give this person the opportunity to

clear his name or to at least affirm, if that is indeed what happens, the allegations that were made.

Second, I would just like to say, at the beginning of the last day of hearings, that it is going to be critical for this committee to ensure that as much as absolutely possible needs to be made public in the final report. There has been an awful lot of important facts and situations discussed in camera that have not been captured by the release of the censored transcripts and I am concerned that there has not been enough attention paid to the fact that the obligation is to get the information out, not to keep it contained.

**The Chair:** Thank you. Mr Kormos.

**Mr Kormos:** Obviously this caucus agrees very strongly about this. Look, it goes well beyond the inconsistencies between Mr Harfield's evidence yesterday and that of Dr Donahue's evidence some short time ago. Those inconsistencies were even more intense in the in camera evidence of Mr Harfield. Somebody is not telling the truth here. Either Dr Donahue is lying or Mr Harfield is lying.

A so-called civil servant who is a so-called leak, purportedly from Sudbury, was named by Mr Harfield. I think in view of what had been said publicly, what had been said privately in camera—because I think in addition to hearing from that so-called civil servant, it is imperative that the in camera evidence of Mr Harfield be released. There was not a single thing in his evidence that is a breach of FOI, of freedom of information, or that is confidential. There is not a single word in all his in camera evidence that is confidential or FOI. It is most revealing about some of the manipulation of Dr Donahue of this scenario and it is imperative that evidence be released promptly—not 10 days after the fact, but now.

This so-called civil servant from Sudbury, who is a so-called leak—it is no difficulty to get her or him here within a matter of hours if need be. Look, I will take the truck up to Sudbury myself and pick her or him up and have her or him back here promptly, well before we retire for the afternoon.

**The Chair:** Thank you very much, Mr Kormos. Are there any other—Mr Harnick and then Mr Hope. Mr Harnick.

**Mr Harnick:** I have no problem with the immediate release of that transcript. In terms of the days that we were to sit in this committee, we as a subcommittee have urged the government House leader, Mr Cooke, to allow us to continue this hearing for at least another week. Mr Cooke was adamant that he would not permit one single extra day of sittings.

**Mr Kormos:** You will not sit in the evenings.

**The Chair:** Order.

**Mr Harnick:** Mr Kormos says that I will not sit in the evenings. Nothing could be further from the truth.



**Mr Kormos:** Very specifically, we tried—

**Mr Harnick:** Let me finish, Mr Kormos.

**The Chair:** Order, please.

**Mr Kormos:** You are being paid a hundred bucks a day tax free.

**Mr Harnick:** Mr Kormos, let me finish.

**The Chair:** Order, please, Mr Kormos and Mr Harnick. Mr Harnick, you have the floor, speaking to this point that was raised, if members will allow that to happen.

**Mr Harnick:** If Mr Christopherson made some comments about who would or would not sit in the evening, what he has told Mr Kormos and the rest of his caucus is totally erroneous.

**Mr Christopherson:** It is not.

**Mr Harnick:** It was decided by the subcommittee at the outset of this procedure that our counsel, at her request, did not wish to sit in the evenings because she needed that time in preparation. So it was agreed at that time that we would not sit in the evenings. However, we have sat many evenings beyond the 6 o'clock time.

**Mr Wood:** What about Fridays, Charlie?

**Mr Kormos:** Let's do it tomorrow, Friday.

**Mr Harnick:** We have urged the government House leader to provide us with the extra time. In writing, he said, "Absolutely not," and that is the way it has been left. Our position is you can release the transcript right now as far as I am concerned. I believe Mr Elston will probably be taking the same position. He may wish to discuss that, but I can tell you that if you are complaining about no time for these hearings, it is because of your own House leader and you know it.

**The Chair:** Mr Hope.

**Mr Wood:** You just said it was because of the counsel.

**The Chair:** Mr Wood, please. I would hope you would allow your colleague to speak to this point of order.

**Mr Wood:** Sorry, Mr Chairman.

**The Chair:** Thank you, Mr Wood. Mr Hope.

**Mr Hope:** Mr Chair, I would just like to reflect on some of the things we talked about when this committee process began, about the confidential information and about making sure the public is well aware of what takes place during this process. I think Mr Christopherson raises a number of good points, because when you go in and out of camera so much—and lately we have been doing that—to disclose or find out some information, it just leaves a question mark with the general public.

We believe it is important that as much of the information as possible is revealed openly. It is nice that transcripts are out there, but there is still the public that watches this. I know that people who live in Ungah in my riding pay attention to this hearing because it is one that I am involved in as their local member. I am sure they are wondering what is going on today.

I would just like to reflect back on when this whole thing began. When we first sat down, we raised this whole issue and the issue about meeting. I think if we closely

scrutinized Hansard, we would find out that Mr Harnick really interjects quite often.

**The Chair:** Order, please. If you would like to speak to the point Mr Christopherson brought forward, it would be appreciated—

**Mr Hope:** It is. If you would just let me finish—

**The Chair:** Mr Hope, please, I am speaking. I think your comments on this point of order will be very well appreciated by all members of the committee. In keeping with that, I just hope you will speak to the point of order.

**Mr Hope:** I am speaking to the point of order, because Mr Christopherson also indicated sitting in the evenings and on Friday and I was getting to that before I was interrupted.

If we reflect on Hansard, there was a number of evenings that we were planning to sit, but due to scheduling and other things we could not sit in the evening. From this side of the House, this committee was willing to sit on those evenings and on those Fridays to make sure that all witnesses were brought before this committee, so it is nice that we point the finger at Mr Cooke. Unfortunately, this committee is the one that has been pushing the issue of the evenings and the Fridays, to make sure we can get as many people as possible before this committee to make sure that justice is being served and that the facts and information being brought to this committee are based on truth and to make sure that nobody out there is faced with a cloud over top of his head and that he would have the opportunity, if some allegations were made against him, to come before this committee to air his concerns.

**Mr Christopherson:** Mr Chair, I do not want to revisit points that have been made, but I think it needs to be understood very clearly that under the negotiated agreement between the three parties, where there was unanimous agreement, it was the opposition members, in their memo—the Liberal House leader to be specific—who requested that Fridays be included. There has been no political will on the part of the subcommittee, which is controlled by the opposition, to try to accommodate evening sittings nor to utilize the Fridays that they so clearly wanted to ensure were captured by these terms of reference.

What we are specifically asking for is—the day before the final hearing a very serious allegation has been made against an individual. That name has been given in camera. That person deserves the right to come back. My point is, we are prepared to meet this evening, which I remind Charles Harnick—

**Mr Harnick:** No, I have a commitment.

**Mr Christopherson:** Mr Harnick has said he was not going to meet beyond 6 or 6:30, no matter what.

I would say to you, Mr Chair, that we are prepared to meet tonight and/or tomorrow, which is within the mandate. It does not require a House leaders' agreement and does not require going back to the Legislature. In fact, we are utilizing a clause that the opposition insisted be in there and we are saying, in the interest of fairness, that it be used and that the person be brought and given the opportunity to respond. That is the nugget of our concern.



**Mr Harnick:** I would ask, Mr Chairman, if you could produce and file as exhibits the letter we wrote to the government House leader and the response we received. I suspect that can end this matter and we can get on with hearing the witnesses who are waiting today. If we keep arguing about this, we will not get to cover their evidence either.

I reiterate what I said: You can release the transcript right this moment and I suspect that those reading the transcript will be able to make whatever determinations they want to make out of it. You can release that transcript right now; nothing is being hidden. There is certainly no desire to do that.

1030

But I will tell you that the conundrum that the government now finds itself in was a conundrum created by their own House leader after the insistence of our own counsel, who advised that justice could not be served properly if we did not extend these hearings. The government House leader came in and told us that we absolutely could not change those dates.

It is very interesting now that Mr Christopherson no longer wants to refer to that House leader's agreement that he kept referring to in our subcommittee meetings a month ago. He does not want to talk about that agreement any more. When he relied on it, it was fine. Now that the agreement is contrary to what he wants, he does not remember it any more.

I would ask, Mr Chairman, that you please file those exhibits, those letters at this particular time.

**Mr Christopherson:** For the record, I voted against those motions in subcommittee. That subcommittee is controlled by you.

**The Chair:** Order, please. Mr Conway?

**Mr Conway:** Mr Chair, I would be the last one to want to see anything done to disadvantage any member of the new democracy in these hearings, so let me say that I would certainly be personally willing to sit tonight or tomorrow—

**Mr Owens:** Hear, hear.

**Mr Conway:** —to accommodate the plaintive wishes of my friend from Hamilton. Having said that, I would like to get on with the witnesses who are scheduled for this morning and this afternoon.

**The Chair:** Thank you very much. I have listened very carefully to all of the points of order and to the comments thereafter. Is there any other—I am sorry, Mrs Cunningham?

**Mrs Cunningham:** Mr Chairman, just to make certain that the letters will be filed so that we can look at them. I think if there is anything to be learned from this, that is "Never say 'never.'" Those of us who have been part of committees like this in the past, we just should not be putting up the "no" until the committee is proceeding and until we see what is happening.

You very well know, and it has certainly been reported in the media, that the hours of this committee have been a matter of negotiations. I am speaking now as the whip of our party who has tried to plan people's time. Everybody knows that next week is the March break. We did put in a

request for the week of the 23rd. It was not responded to in my view, which meant that—certainly the subcommittee heard a verbal response, Mr Chairman, but we did not get anything in writing, and now we find ourselves, after being told, "No, this is not negotiable," that we are asking for more time.

I just think we should all learn something. I do not know what the order would be, because I have certainly been in telephone conversation late last week on this very issue, Mr Chairman. So if somebody wants to make a different decision on behalf of the government today, more power to them, but I think we should not be holding the witnesses up.

**The Chair:** Mr Owens?

**Mr Owens:** No. On a point of order, Mr Chair: There seems to be some difficulty in the message that these folks are receiving. We are not asking for more time. Mr Christopherson has simply asked the members of the third party—Mr Conway has agreed to sit tomorrow, but those dates tomorrow are included in the letters from your party and from the Liberal Party. We are not asking for more time. I do not know how you have come to understand that.

**Mrs Cunningham:** That is fine. If you are not asking for more time, then I withdraw that observation. Thank you very much. If you are not asking for more time, that is great.

**The Chair:** Thank you very much. Firstly, I think—

**Mr Christopherson:** I think we have got a majority of the subcommittee now willing to bring in the person named yesterday.

**The Chair:** Well, I am going to speak, if you will permit me, to the point of order, Mr Christopherson, which you brought forward. If you have another point of order which you would like to raise after that, we can entertain that. But I think that you brought forward a point of order, that comments were made around that order, and I think that, as a result, we should deal with the one that you raised.

With respect to the issue of time, I am left only with the memo that has been provided to me, and that memo—and I am not going to read from it in whole, but certainly in part, and the parts that deal with the dates. It is to the House leaders, under date January 23, to Ernie Eves, Remo Mancini and it is from Dave Cooke, and it states:

"The committee shall sit February 10, 11, 12, 13, 17, 18, 19, 20, February 24, March 2, 3, 9, 10, 11 and 12."

That is the memo which I, as the Chair, have been given under the terms of reference. It is the days that this committee has been authorized to sit. In the event—and I think members will be aware that there has been a motion, which has been provided, to ask to sit extra days. We have not received, to my knowledge, a response to the request to sit extra days. Because we have not received the request to sit extra days, I, as the Chair, am left with this memo which outlines the days upon which we are authorized to sit. That is where this matter begins and where this matter ends.

Certainly if there is any agreement for this committee to sit longer, I recognize the motion that is already out, and we would be, I think, in accordance with that motion, pleased to sit further. But I must tell all members of the committee that the memo that was given to me under date



January 23 outlines 15 days that this committee can sit. The days are outlined within the memo and the last day that this committee can sit, pursuant to that memo, is March 12, the day here.

The second point is dealing with the release of information heard in an in camera session, and I think that there is not any one particular person who does not have and has not had from day one the desire that all information that we hear, both in the public and in the in camera session, be released. From my perspective, from day one we have recognized that is going to be and would be a difficulty, but that we as a subcommittee devised, as best we could, a procedure for the release of information heard in an in camera session.

We have done that, and the procedure that has been arrived at by members of the subcommittee is that at the end of an in camera session a transcript would be made. That transcript would then be delivered by envelope to our counsel. Counsel would review that transcript, report back to the subcommittee, and then the subcommittee would release the information of an in camera proceeding, keeping in mind different pieces of legislation, specifically the freedom of information legislation.

That has been the procedure that this committee has operated under from day one. I think that what we have attempted to do is strike a balance, first, on the desire of all members of the committee and the subcommittee, and all members, to release the information that we hear both publicly and privately, but also recognizing that in some instances there are pieces of legislation such as the freedom of information legislation which we must, as legislators, be wary of and respectful of, and heed our own terms of reference, and that we have attempted to do.

In the event the members of the subcommittee wish to change the process, on this last day, that we have had for the preceding 14 days, well, then, that is certainly permissible under, as I believe, paragraph 5 of the terms of reference. I would ask members of the subcommittee as we, in my opinion, invite Ms Morris and her counsel to attend before this committee, to think about this particular issue so that we may have a subcommittee meeting. My suggestion would be that it could be held prior to the afternoon sittings, that we could in fact have a subcommittee meeting for approximately one half-hour in the recess break from 12 to 2 at a time convenient to members of the subcommittee, so that if there is a desire to change the process on the last day that this subcommittee and this committee have abided by since day one, then give the subcommittee that opportunity to do so. I would ask members of the subcommittee to decide and check their schedules as to whether a 30-minute subcommittee meeting would be permitted and possible in the recess time between 12 and 2.

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I am, and I will tell you now, as the Chair very reluctant to change the process under which this committee has operated without a subcommittee meeting. I believe that it is a total and clear breach of our terms of reference, and the way in which it is properly done is through a subcommittee meeting. We did not make up the terms of reference; we were given the terms of reference. I, as the Chair, want

to make certain that members of the subcommittee and members of this committee abide by those terms of reference. We will do so through a subcommittee meeting held, if members wish, in the recess between 12 noon and 2 pm.

**Mr Christopherson:** I do not wish to belabour this; we all want to get on with the questioning. Therefore, I would say that there seems to be some misunderstanding. I do not know if we are going to clarify a paper trail today. I am prepared to give you a copy of this memo, if it would be of assistance to you, from Mr Mancini, the House leader for the Liberals at that time, indicating the dates they requested.

My interest, however, is that I think we have a majority of the subcommittee that is prepared to invite this witness. Time is of the essence. What you are talking about is a delay of at least two hours. That is half the time it would take this person to travel down here. I would suggest that it would be much more efficient and profitable for this committee in terms of using its time properly that you take that majority indication and ask staff to begin contacting this individual to make arrangements so that if they wish to be here today, albeit at the last minute, to respond, they can get here in a timely fashion and we can meet with them at the end of our planned witnesses.

**Mr Elston:** Mr Chair, I am now the House leader of record, I guess, for the official opposition. I can tell you that my first meeting with the now New Democratic Party House leader was one in which the message was given quite strongly to me that there was to be no variation in his original position and he was quite strident and very specific about not making changes, although, because of the setback of the moving back of the reconvening of the House, which the New Democrats of course have postponed to April 6—a very major departure from the way this place used to work—Mr Cooke decided to allow us to sit one extra week to do the report only. Those were the only positive replies to a request for more time for this committee.

He was quite strident that there be no more addition of any time whatsoever, that if there were to be any modification, it would not occur under his guidance, and in fact he was extremely precise about his way being the only way and everything else was to be left as it was. I can tell you, Mr Chair, that if there is to be a change in the way in which this committee does business, it should go to the House leaders because, I will tell you, Mr Cooke was not particularly accommodating with us. I found his new way—at least I found it to be a new way because when we dealt with Ms Martel as House leader I found her to be much more accommodating and much more flexible. It sounds to me like there is a new day of organization under the current New Democratic Party House leader.

His toughness, in my view, prevents or at least restricts the type of flexibility the official opposition had when I was House leader before. It certainly makes it extremely difficult for us to accommodate your request for flexible schedules when our request for that same flexibility has been met in the first—I admit this is only the first—meeting I have had with him with a very strong no. I think that is the way of the world in this Legislature.



The fact that you have unilaterally postponed our reconvening is another statement about how you wish to run business. I can tell you that that alone firms up the way in which business will be done by you here in this place, and for you now to complain about us preventing flexibility is just a wee bit too difficult for me to stomach.

**Mr Harnick:** We have now, Mr Chairman, wasted 45 minutes. Might I suggest that if Mr Christopherson is in such an uproar about having the subcommittee meeting, we have that subcommittee meeting for the next 15 minutes and reconvene at 11 o'clock and sit here till 12:30 so these witnesses can give their evidence and get home at a reasonable hour, and maybe we can break this logjam, because we are otherwise just sitting here wasting time. I know Mr Cooke would be very upset to see the time we are wasting.

**Mr Christopherson:** I can agree with that, Mr Chair.

**The Chair:** Thank you.

Interjections.

**The Chair:** I sense a motion being made to recess for 15 minutes to convene a subcommittee meeting, and I am going to ask, if that be the motion that I sense, is that carried? Carried.

We will recess for 15 minutes and move into a subcommittee meeting, which I remind members is in camera.

The committee recessed at 1045.

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**The Chair:** We will resume the morning sitting, I understand, of the Legislative Assembly committee. Prior to our first witness, I would like to inform members of the committee that the subcommittee has unanimously agreed to request the extension of the public hearings to accommodate a single witness, that witness to be heard at 2 pm on Monday, March 30, 1992.

KIM MORRIS

**The Chair:** Having said that, I would now like to welcome Ms Morris. Good morning. It is the process in this committee that prior to the questioning by counsel and committee members that an oath be administered. I invite the clerk to administer the oath at this time.

Kim Morris, sworn.

**The Chair:** For Hansard's purpose, could you introduce your counsel to the committee?

**Miss Morris:** My counsel is Mr Charles Campbell.

**The Chair:** Prior to inviting our counsel to commence questioning, I would like to give you a warning that has been given to all persons that have appeared before the committee, and that is that in the event you are asked a question you cannot properly answer without divulging confidential information, could you or your counsel please advise the committee of that. If there is not a way to divulge that information without giving information of a confidential nature, then this matter may be addressed by the committee in an in camera proceeding.

**Mr Campbell:** I can advise you that we have discussed that and I do not think there are any issues of confidentiality with respect to this witness.

**The Chair:** Thank you very much. I would now like to invite Mr Taman to commence questioning for today.

**Mr Taman:** Miss Morris, good morning. Mr Campbell, good morning. Miss Morris, I understand that you are Ms Martel's constituency assistant.

**Miss Morris:** Correct.

**Mr Taman:** In Sudbury East?

**Miss Morris:** Yes.

**Mr Taman:** You have held that position since April of 1991.

**Miss Morris:** Yes.

**Mr Taman:** You told me the other day that you are a graduate of Cambrian College in 1988 and that in December of 1989 you started work as an assistant to the caucus in the New Democratic Party.

**Miss Morris:** Yes.

**Mr Taman:** From May of 1990 until October of 1990, you were legislative assistant to Mr Laughren in opposition.

**Miss Morris:** Yes, I was.

**Mr Taman:** I understand that you were on the minister's staff in Ms Martel's office from October 1990 until April of 1991 and that you have held your present position since then.

**Miss Morris:** Correct.

**Mr Taman:** Explain to the committee what your particular responsibilities are in Ms Martel's office.

**Miss Morris:** As constituency assistant, I am actually the outreach assistant, therefore I do the outreach duties such as representing Ms Martel as an observer at meetings she cannot attend, doing certain constituent mailings. I do case work in the constituency office and I also do administrative duties.

**Mr Taman:** Let's talk for a moment about procedures in your office. I understand the office is located in Hanmer, and that is in Valley East about a half an hour from Sudbury.

**Miss Morris:** Yes.

**Mr Taman:** You are in a shopping centre there.

**Miss Morris:** Mm-hmm.

**Mr Taman:** Look back to November of 1991 and tell the committee who worked in the office at that time.

**Miss Morris:** Back in November there were four people in the constituency office. There was myself, the other constituency assistant by the name of Pauline Hébert, Monique Lavigne, who was a special assistant/receptionist/typist, and Margaret Scorthorne, who was a trainee because Monique was going on maternity leave.

**Mr Taman:** Do I understand that you were responsible for the overall running of the office?

**Miss Morris:** There is no hierarchy, but because I am in charge of the budget, yes, you could say that.

**Mr Taman:** You report directly to Ms Martel.

**Miss Morris:** Yes, I do.

**Mr Taman:** It is part of your responsibility to see that the others in the office and the office as a whole do their work smoothly and effectively.

**Miss Morris:** More or less.

**Mr Taman:** Let's talk about phone procedures. Explain to me what happens in your office if a member of the public calls to ask for information, to make a comment or to discuss an issue.

**Miss Morris:** Back then it would have been one of Margaret or Monique who answered the telephone, most particularly Margaret, as she was training and Monique was overseeing this. She would answer the telephone. If the constituent only had a comment, she would take down the name, address, telephone number—that is on any issue—and take down the comment, say, "Thank you very much for calling," and that would be the end of the discussion. If the constituent asked a question or wanted a reply to his or her comment, it would then be passed along to myself.

**Mr Taman:** So the general procedure is that if there is just a comment to be recorded, the receptionist would do that. If there is to be a discussion of substance, that would go to you.

**Miss Morris:** Correct.

**Mr Taman:** If you and your counsel would have a look at exhibit 106, at a spot which I think I have tagged for you, you will see about midway through the tab, under the date of November 15, an entry that reads "Donahue," and there are a series of names. Then if you turn the page, you will see the name "Susan Magkot." Is that an entry that the receptionist would have made when Susan Majkot called?

**Miss Morris:** Yes, it is.

**Mr Taman:** So we can be reasonably confident, in accordance with your procedures, that Ms Majkot called Miss Martel's constituency office on the 15th of November.

**Miss Morris:** Yes.

**Mr Taman:** You have also told us that if there was to be any discussion of substance with Ms Majkot or anyone else, that would take place with you.

**Miss Morris:** Correct.

**Mr Taman:** How do you know that any such discussion could only have been with you?

**Miss Morris:** As Shelley has previously indicated, I am the more political staff, and since Margaret was a trainee—and even to this point—she does not answer issue questions. Those are not her duties. The other constituency assistant, her duties were only workmen's compensation. Therefore, any issue question comes to me automatically. That I am sure of.

**Mr Taman:** Are those the instructions the receptionists are given in your office?

**Miss Morris:** Yes.

**Mr Taman:** Were those instructions in place on the 15th of November?

**Miss Morris:** Yes, they were.

**Mr Taman:** Miss Morris, explain to the committee where you get your instructions as to the position you are to take or the information you are to provide in substantive discussions that you might have with a caller.

**Miss Morris:** I take it from Miss Martel.

**Mr Taman:** So Miss Martel would sometimes or all the time indicate to you what responses she wanted you to give?

**Miss Morris:** Yes. Whenever there is an issue arising, I discuss it with her. We will discuss ways of dealing with the issue and she will then tell me how she would like me to reply.

**Mr Taman:** I understand that in the normal course, Miss Martel is in Sudbury each Friday in her minister's office.

**Miss Morris:** Yes.

**Mr Taman:** And I understand that in the normal course, you might see her in the constituency office every second Friday.

**Miss Morris:** Correct.

**Mr Taman:** What would she do in the constituency office on a typical visit?

**Miss Morris:** We have a lot of constituents who wish to see her, so I schedule constituent appointments. There is also her mail to go through, and if any of us have case work to discuss with her, that is the opportunity to do it.

**Mr Taman:** Do you recall whether or not in the week leading up to November 15 you saw Miss Martel in the constituency office?

**Miss Morris:** Not that week.

**Mr Taman:** So you did not see her in the week prior to the 15th, or say the two-week period prior to the 15th?

**Miss Morris:** I saw her, yes, but she did not come in her constituency office for appointments. We had community clinics that week.

**Mr Taman:** Let's just turn for a moment to Dr Donahue, and again, let me ask you to turn your mind back to the 15th. I take it by then you had heard of Dr Donahue?

**Miss Morris:** Yes.

**Mr Taman:** Tell us what were your sources of information in connection with Dr Donahue. First of all, had you seen the letter he circulated among the Sudbury-area MPPs?

**Miss Morris:** By the 15th, yes, I had.

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**Mr Taman:** And if you will look with me at exhibit 101, tell us please whether you had seen that bundle by the 15th.

**Miss Morris:** Exhibit 101? No, I do not recall ever having seen this bundle.

**Mr Taman:** Have you seen the letter that Dr Donahue wrote to his patients about the closure of his office, if you and Mr Campbell would look to tab 48?

**Mr Campbell:** What volume, volume 1?

**Miss Morris:** Yes, I have seen this.

**Mr Taman:** We know there was some coverage in the Sudbury media during that period. Had you seen some of the media coverage about Dr Donahue's situation?

**Miss Morris:** Yes, I had.

**Mr Taman:** Now, in your constituency office, do you have access to a clipping service?

**Miss Morris:** No, we do not.



**Mr Taman:** So what you would have seen was just what an ordinary person in Sudbury could have found by reading the mail.

**Miss Morris:** That is correct.

**Mr Taman:** And did you also have some knowledge of the threshold and how it worked?

**Miss Morris:** I did not have any particular knowledge on that issue, no.

**Mr Taman:** Did you gain some knowledge about Dr Donahue from calls that you received during this period?

**Miss Morris:** Yes. His patients who had received that letter or memo were calling us and identifying themselves as Dr Donahue's patients, saying that he was intending to close his clinic.

**Mr Taman:** And I understand that you might have received 100 or 150 calls in November on this subject?

**Miss Morris:** That is correct.

**Mr Taman:** And I understand that a large number of them were in the period from the 11th to the 25th of that month.

**Miss Morris:** Yes, a two-week period; that is about it.

**Mr Taman:** Ms Morris, can you tell the committee, please, how many callers you personally spoke to during that period.

**Miss Morris:** I estimate I must have spoken to about 50 of them because most of them only wanted to comment.

**Mr Taman:** Were they mostly patients of Dr Donahue?

**Miss Morris:** The majority of them, yes.

**Mr Taman:** What was the tenor of those conversations with patients of Dr Donahue during that period?

**Miss Morris:** Well, understandably so, the patients were upset that they were losing their doctor. They could not understand exactly what was the issue pushing him to leave.

**Mr Taman:** And what was their general attitude towards the government policy in this circumstance?

**Miss Morris:** They were angry, and of course they blamed the government for sending Dr Donahue out of Sudbury.

**Mr Taman:** What did they expect you or Miss Martel to do about it?

**Miss Morris:** They did not give us a solution per se, but they wanted action from our office.

**Mr Taman:** Ms Morris, you have identified the sources of information that you had during that period. Did you have any other sources or have we canvassed them all?

**Miss Morris:** I believe you have touched them all.

**Mr Taman:** And based on those sources, let's just review briefly what you recall knowing about Dr Donahue on the 15th of November. You knew he was a dermatologist.

**Miss Morris:** Yes.

**Mr Taman:** You knew he was in Sudbury.

**Miss Morris:** Mm-hmm.

**Mr Taman:** You knew he was about to close his office.

**Miss Morris:** Mm-hmm.

**Mr Taman:** You knew he had a lot of upset patients.

**Miss Morris:** Yes.

**Mr Taman:** You knew, did you, that he did some electrolysis in his practice?

**Miss Morris:** I believe at that time I knew he did some.

**Mr Taman:** How did you know that?

**Miss Morris:** I think there must have been some mention of it in the newspaper, but I cannot really recall if I knew previous to—exactly when I knew that he was doing some electrolysis.

**Mr Taman:** And if you think again of November 15, did you know at that time whether or not Dr Donahue had gone through the threshold?

**Miss Morris:** I did not know.

**Mr Taman:** Did you know anything at all about Dr Donahue's billings as of that date?

**Miss Morris:** No, I did not.

**Mr Taman:** Did you know anything about Dr Donahue's overhead?

**Miss Morris:** No.

**Mr Taman:** Did you at any point try to calculate from the public information, as we heard some others might have done, what Dr Donahue's billings or income might be?

**Miss Morris:** No, I did not.

**Mr Taman:** Miss Morris, during this period would you be, in the ordinary course, in contact with Ms Murdock's office?

**Miss Morris:** Yes, we would.

**Mr Taman:** About what sorts of matters would you be in contact with Ms Murdock's office?

**Miss Morris:** For example, if we received cases that were in their riding or if there were meetings that I would be curious as to whether Ms Murdock or her assistant was attending that we could not, if they could represent us as well—issues, matters like that.

**Mr Taman:** Did you, during this period leading up to the 15th, speak to Ms Murdock's office about that sort of issue?

**Miss Morris:** Yes.

**Mr Taman:** Did you speak at any time during that period to Mr Waddell in that office?

**Miss Morris:** I am sure I must have.

**Mr Taman:** Did you speak at any time during that period to Giselle in that office?

**Miss Morris:** I am sure.

**Mr Taman:** Giselle's family name is?

**Miss Morris:** Adams.

**Mr Taman:** Did you during that period discuss with Mr Waddell or Ms Adams Dr Donahue's situation?

**Miss Morris:** I am sure I made a comment such as: "Are we ever getting a lot of calls. Is your office as swamped with calls as ours is?"

**Mr Taman:** Did you have any other discussion about Dr Donahue with them?

**Miss Morris:** No.

**Mr Taman:** It would be fair for us to agree, would it not, Miss Morris, that during this period Dr Donahue was a hot issue in Sudbury?

**Miss Morris:** Yes.

**Mr Taman:** We have heard from other evidence that Miss Martel had the lead on this issue among the Sudbury members?

**Miss Morris:** Yes, she did.

**Mr Taman:** We also know from the evidence that there was a meeting coming up on the 15th of November in Sudbury to discuss this issue?

**Miss Morris:** Yes.

**Mr Taman:** In the face of that, I suggest to you, Miss Morris, that it would have been natural for your office and Ms Murdock's office to have more than just a passing discussion of Dr Donahue. Are you sure that you did not have any more detailed discussion than you have told us about?

**Miss Morris:** Yes, I am sure. You are correct in saying that Shelley took the lead on this issue. However, her Toronto office was dealing with it more than the constituency office.

**Mr Taman:** Now, who in the Toronto office was dealing with it?

**Miss Morris:** To my recollection, that was David Sword.

**Mr Taman:** Was it Mr Sword's responsibility or your responsibility to help the minister organize and prepare for the November 15 meeting in Sudbury?

**Miss Morris:** It was Mr Sword's responsibility.

**Mr Taman:** So your evidence is that in your conversations with the Murdock office you did not discuss Dr Donahue's billings?

**Miss Morris:** No.

**Mr Taman:** Nor his billing practices?

**Miss Morris:** Definitely not.

**Mr Taman:** Nor anything other than that you were both getting a lot of phone calls?

**Miss Morris:** That is correct.

**Mr Taman:** Let me ask you the same questions about Mr Laughren's office. Were you in communication with Mr Laughren's office during this period?

**Miss Morris:** Yes.

**Mr Taman:** To whom would you speak there?

**Miss Morris:** I would speak to any of the three constituency assistants, but perhaps mostly to Mr Ian Wood.

**Mr Taman:** And why to Mr Ian Wood?

**Miss Morris:** He is also the outreach assistant.

**Mr Taman:** Did you talk to Mr Wood about Dr Donahue in the period leading up to the 15th?

**Miss Morris:** I am sure I made similar comments to what I said to Ms Murdock's office.

**Mr Taman:** Again, what was the general nature of your discussion with Mr Wood during the period?

**Miss Morris:** "Are you having as many phone calls on Dr Donahue as we are? Are you swamped?" So on and so forth, just along those lines.

**Mr Taman:** You are quite sure in your own mind that you did not have any more detailed discussion than that with Mr Laughren's office about Dr Donahue's circumstances?

**Miss Morris:** Yes, I am sure.

**Mr Taman:** Miss Morris, in the period leading up to the 15th did you have an opportunity to speak to Miss Martel about the Donahue matter?

**Miss Morris:** Yes, I did.

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**Mr Taman:** I understand, just to fix this in time, that you saw the minister on the 1st of November?

**Miss Morris:** Yes.

**Mr Taman:** I understand that you also spent time with the minister on the 14th and 15th of November?

**Miss Morris:** Yes.

**Mr Taman:** November 11 was constituency week?

**Miss Morris:** Yes.

**Mr Taman:** Can you recall when during that week you spoke to your minister about Dr Donahue?

**Miss Morris:** I remember distinctly speaking—when Dr Donahue's name came up was on the evening of the 15th. We had a community clinic in Warren and then in St Charles, which are outlying communities about an hour from our constituency office. The 15th, as you know, was the day that she had the meeting in the afternoon with the doctors. Therefore, I went to the clinic and then she met me there. Afterwards, we went for dinner at my parents' house in St Charles.

**Mr Taman:** I want to come to those events in a minute, but let me just ask you about the period leading up to the 15th. You had a large number of callers during that period?

**Miss Morris:** Yes.

**Mr Taman:** They all wanted to discuss it. Did you know of your own knowledge what response to give them?

**Miss Morris:** No, I am sorry, that was before the week of the 11th that I knew—that I had spoken to Shelley about that.

**Mr Taman:** So you think you spoke to Miss Martel some time before the week of the 11th. Agreed?

**Miss Morris:** Yes.

**Mr Taman:** Did you speak to her about the response you were to be instructed to give to callers?

**Miss Morris:** Yes. When I present an issue—that could be every week or every second week—I say, "This is the hot issue in our riding this week." She will say, "Well, how are you handling it?" if it is a minor issue, or if it is something large such as this one, she gave me indications as to how to respond to the phone calls, the inquiries.

**Mr Taman:** Did she in fact give you instructions as to how to deal with callers who inquired about Dr Donahue?

**Miss Morris:** Yes, she did.

**Mr Taman:** What were your instructions?



**Miss Morris:** My instructions were to concentrate mostly on explaining what we were doing to help this situation, to help rectify the situation. Therefore, I would answer to the constituents that Miss Martel was in contact, first of all, with the two other area MPPs. As well, she was in contact with Ministry of Health officials, as well as prominent doctors taking the lead on this issue in the Sudbury area; that she would be meeting frequently with these people to arrive at a conclusion.

**Mr Taman:** Ms Morris, suppose that I am a caller and I say, "Well, that's all very nice, but I'm one of Dr Donahue's patients and I have an important problem and I want to know what's going to happen to me." What would you say?

**Miss Morris:** I would reiterate: "Well, Shelley is working on this issue. She is doing the best she can. Hopefully there will be a resolution soon."

**Mr Taman:** Suppose I add that I am concerned about why this policy seems to be driving specialists out of Sudbury. What do you say to that?

**Miss Morris:** I would say: "I understand your concern. I will make sure to pass along your comments to Miss Martel."

**Mr Taman:** Did you speak to any callers about Dr Donahue's billings?

**Miss Morris:** No.

**Mr Taman:** Or his billing practices?

**Miss Morris:** No.

**Mr Taman:** Or his practice mix?

**Miss Morris:** Excuse me?

**Mr Taman:** The various procedures he formed in his practice?

**Miss Morris:** No.

**Mr Taman:** You had no conversation of any kind with—

**Miss Morris:** No.

**Mr Taman:** Did you have any information from your conversation with Miss Martel about Dr Donahue's billings?

**Miss Morris:** No.

**Mr Taman:** About Dr Donahue's billing practices?

**Miss Morris:** No.

**Mr Taman:** Did you have any discussion with Miss Martel or anyone else about any suggestion of impropriety in Dr Donahue's practices?

**Miss Morris:** No.

**Mr Taman:** Or his billing practices?

**Miss Morris:** No.

**Mr Taman:** Did you have a file on Dr Donahue in your office?

**Miss Morris:** Yes, I did.

**Mr Taman:** What did you have in your file?

**Miss Morris:** In our Dr Donahue file, we had the list of callers who had called on the issue. We had a couple of newspaper clippings, though it was not complete. We had

faxes that people sent us. That was what we call our Dr Donahue file.

**Mr Taman:** And did you have anything else at all?

**Miss Morris:** Oh, the memo that we saw.

**Mr Taman:** I am sorry, which memo is that?

**Miss Morris:** Exhibit—the memo with the three phone numbers of the MPPs' offices.

**Mr Taman:** It is exhibit 46, I think, in which he indicated that he was going to close his practice.

**Interjection:** Forty-eight.

**Mr Taman:** Forty-eight? Thank you.

**Miss Morris:** We had that memo as well in our file.

**Mr Taman:** And is that all you had in your—

**Miss Morris:** Yes, that is all.

**Mr Taman:** Miss Morris, did you have any information that you could send out to constituents who called?

**Miss Morris:** No.

**Mr Taman:** Did you in fact send anything out at all to constituents who called?

**Miss Morris:** No.

**Mr Taman:** Miss Morris, I take it that we have agreed, based on your office procedures and the log entry, that Susan Majkot was in communication with your office on the 15th of November?

**Miss Morris:** Yes.

**Mr Taman:** And you have no reason to dispute that?

**Miss Morris:** No.

**Mr Taman:** It would also be common ground between us that if Ms Majkot had a discussion of any substance with anyone, that that discussion would be with you?

**Miss Morris:** Yes.

**Mr Taman:** Now, you and your counsel have had an opportunity to review the testimony that Ms Majkot gave before this committee.

**Miss Morris:** Yes.

**Mr Taman:** Let me just refer you to the material parts of it. I am looking at page 1110-1 of the transcript from Monday the 9th of March. About halfway down the page, Ms Jackson said to Ms Majkot: "You mentioned that to the administrative assistant and what did she say?"

"Ms Majkot: She chuckled and she said—I do not know the exact words she said, but something to the extent that Dr Donahue had been practising illegal billing procedures. I said, 'Pardon?' and she said, 'Dr Donahue is billing illegally and we have the documentation to prove it.' And she asked me if I would like a copy of the documentation."

Did you say anything of that sort to Ms Majkot?

**Miss Morris:** No, I did not.

**Mr Taman:** Not with respect to the billing practices being illegal?

**Miss Morris:** No.

**Mr Taman:** Not with respect to having information?

**Miss Morris:** No.

**Mr Taman:** And not with respect to sending information out?

**Miss Morris:** No.

**Mr Taman:** Miss Morris, the members will want to know how you can be so sure that you did not say anything of that sort. Can you help us with that?

**Miss Morris:** Sure. First of all, there are a couple of things here. I would never display an attitude like that with a constituent, the whole idea of I "chuckled," and using that kind of language.

Second, "illegal" is a word I shy away from. As you are all aware, our conflict-of-interest guidelines apply to constituency assistants, and we cannot deal with anything legal: not a parking ticket, speeding ticket. And "illegal" is a word I just do not want to use because they are so stringent, those guidelines, that I do not want to get in anything similar to that.

I did not have any information, so how could I speak about any? I did not know anything about his billing practices. How could I have mentioned anything about the billing practices? I did not have any documentation, so how could I say I would send some out?

**Mr Taman:** Miss Morris, if you just follow down the page a bit, Ms Majkot went on. She said, "I said yes, I wanted a copy of the documentation, and she took my name and address....Then I said: 'I still don't think it's right. I think something should be done because of the area that he services.' She said, 'Well, when the public becomes aware of what he's doing, they won't be so supportive towards him.'"

Did you say that?

**Miss Morris:** No, I did not.

1150

**Mr Taman:** Did you at the time of November 15 have any instructions from Ms Martel as to whether she was supportive or not of Dr Donahue?

**Miss Morris:** No, I did not.

**Mr Taman:** So your denial of this conversation is absolute and entire.

**Miss Morris:** Yes.

**Mr Taman:** Let me discuss with you a second possibility, then. Is there anyone else in your office with whom Ms Majkot may have spoken?

**Miss Morris:** No.

**Mr Taman:** Now, you have told us that in the ordinary course, the phone would be answered by the receptionist?

**Miss Morris:** Yes.

**Mr Taman:** And during this time there was a receptionist in training whose name was Margaret?

**Miss Morris:** Yes.

**Mr Taman:** Is it possible that she could have spoken or had this conversation with Margaret?

**Miss Morris:** No.

**Mr Taman:** How do you know that?

**Miss Morris:** Because of the way our offices are set up. I can hear everything Margaret says, as she can hear everything I do and say. And I know that she has never

answered a reply or a question from a constituent, or I would have heard, and so I am sure she transferred it to me.

**Mr Taman:** Miss Morris, do you have any idea to whom in your office Miss Majkot spoke these words, with whom she had this conversation?

**Miss Morris:** No, I do not.

**Mr Taman:** If she did not have it with someone in your office, do you have any information or knowledge or belief as to with whom she had it?

**Miss Morris:** No, I am afraid I do not.

**Mr Taman:** Miss Morris, I think that Ms Majkot would have impressed some members of the committee as someone who had no particular interest in this matter and who was simply recounting to the best of her ability something that had happened to her. Do you have any explanation for what has happened here?

**Miss Morris:** I am not Ms Majkot. I am afraid I cannot say what happened. All I can say is, I would never have answered in that way or answered with that information. I always answered that Shelley was working on it, as I have said before, with the other MPPs etc. And that is all I can say. I answered all questions that same way, so I do not know where she got the information.

**Mr Taman:** Miss Morris, sticking with the 15th for a moment, I understand that you saw Miss Martel on the 15th?

**Miss Morris:** Mm-hmm.

**Mr Taman:** Did you see her early in the day?

**Miss Morris:** No, I did not.

**Mr Taman:** Did she come by the office to drop a package off?

**Miss Morris:** She might have, but I did not see her that—not during the day.

**Mr Taman:** All right. So did you go to the meeting with the doctors on the 15th?

**Miss Morris:** No, I did not.

**Mr Taman:** I understand that in fact you went to a constituency clinic on the 15th?

**Miss Morris:** Yes.

**Mr Taman:** And that was a clinic that started at about 4 o'clock in Warren?

**Miss Morris:** Yes.

**Mr Taman:** And you drove there and met the minister there.

**Miss Morris:** Yes.

**Mr Taman:** And I understand that she arrived late?

**Miss Morris:** Yes, she was a bit late.

**Mr Taman:** And how long did the clinic last?

**Miss Morris:** It was from 4 to 6.

**Mr Taman:** And was there any discussion of Dr Donahue at the clinic between 4 and 6?

**Miss Morris:** No, there was not.

**Mr Taman:** None at all.

**Miss Morris:** None at all. There were constituents there with their own problems.



**Mr Taman:** What sorts of things were being discussed at the clinic?

**Miss Morris:** Problems, workmen's compensation problems, invitation to a park opening, I believe, or that was already done. Just normal case work having to do with FBA, GWA, that kind of thing.

**Mr Taman:** Now, I understand that you had a later constituency clinic in St Charles that night?

**Miss Morris:** Correct.

**Mr Taman:** And that on the way to St Charles you and Miss Martel stopped at your parents' for a quick dinner.

**Miss Morris:** Yes.

**Mr Taman:** Was there any discussion of Dr Donahue at the home of your parents?

**Miss Morris:** There was not a long discussion. What happened is, when we got in the news was on television, and we rushed to the television set because Dr Donahue was on. Shelley watched the newscast and then she said, like—now I cannot quote her, but she made a comment to the television, saying, "You're not going anywhere." We did not elaborate on anything after that; we went and ate.

**Mr Taman:** Explain to the committee what you mean when you say that Miss Martel made a comment to the television.

**Miss Morris:** Well, Dr Donahue was on the television and she just, like off the cuff, "You're not going anywhere." It was just very spontaneous.

**Mr Taman:** Did you have any further discussion with her about Dr Donahue?

**Miss Morris:** Oh no.

**Mr Taman:** Now, let me just press you on this for a minute. We have agreed that there was a hot issue in Sudbury.

**Miss Morris:** Mm-hmm.

**Mr Taman:** And that it was about Dr Donahue.

**Miss Morris:** Mm-hmm.

**Mr Taman:** We know that your minister or your member has just come from a very difficult meeting with the doctors, agreed?

**Miss Morris:** Oh yes.

**Mr Taman:** And she has told us in her evidence that she was not very happy about some of what went on at that meeting.

**Miss Morris:** Mm-hmm.

**Mr Taman:** You are an assistant who has been with her for a number of years.

**Miss Morris:** Yes.

**Mr Taman:** You talk to her about matters that concern her.

**Miss Morris:** Yes.

**Mr Taman:** And it is your evidence that, pulling all these circumstances together, you and she did not at your parents' home say anything more about Dr Donahue than what you have just told us.

**Miss Morris:** No, I was not involved in the Dr Donahue issue, except for taking constituent calls. That was being handled by Toronto by Mr Sword.

**Mr Taman:** So that was all the conversation you had about it at your home?

**Miss Morris:** Yes.

**Mr Taman:** And then you spent the rest of the evening together driving to St Charles and at the constituency meeting there?

**Miss Morris:** We both took individual vehicles, and yes, we were at the clinic.

**Mr Taman:** Did you speak to her at all about Dr Donahue at the clinic?

**Miss Morris:** No.

**Mr Taman:** Did you have any further conversation about Dr Donahue with her on that weekend?

**Miss Morris:** No.

**Mr Taman:** Miss Morris, explain to us why it makes sense to you that you and Miss Martel would not have talked at all about Dr Donahue during this weekend.

**Miss Morris:** During the weekend?

**Mr Taman:** Well, during the time we have just discussed.

**Miss Morris:** There were a lot of other things going on in the constituency office. There were other issues that perhaps were not as hot, if you would like to call it that, or as demanding as the Dr Donahue issue, but there is always regular case work. We were understaffed at the time. There is always administrative stuff to discuss. In community clinics we always get a whole lot of case work. A big part of our case load comes from our clinics. Usually when there are five minutes free at the clinic, we will start discussing how to deal with the case work.

**Mr Taman:** Given the importance of the issue, did you not consider it appropriate to let her know that you had been receiving all these calls, what the callers had been saying and what you had been saying?

**Miss Morris:** She knew that we had been receiving a lot of calls, plus the reason for the file is that she wanted to see how many calls were coming in.

**Mr Taman:** When you say "the file," you are referring to the office file you told us about?

**Miss Morris:** Yes, our office file that has the faxes and the telephone numbers. As I said, she knew how I was responding, as I always respond the way she indicates to me on any issue. She knew how many calls were coming in from the file, and it was being handled by Toronto; the political part was being handled by Toronto. Therefore, I was not directly involved with it.

**Mr Taman:** Miss Morris, let's turn to the period between the 15th and the 30th of November. Did you go to the meeting with the cardiologists on the 30th of November?

**Miss Morris:** No, I did not.

**Mr Taman:** Did you know about that meeting before it took place?

**Miss Morris:** I cannot recall that I did.

**Mr Taman:** What action did you have on the Donahue matter during the period of the 15th to the 30th?

**Miss Morris:** For the next week after the 15th, we still had a lot of phone calls and we would answer—well, Shelley did go to the meeting on the 15th, which is still in discussions, hopefully there will be a resolution. Towards the end of the month it started dying down, and that is the most that I—

**Mr Taman:** Did you follow the media during that two-week period?

**Miss Morris:** I did not follow it very closely, but I was aware of it.

**Mr Taman:** Did you see the piece in the Sudbury papers in which Dr Donahue said he would be better off if he owned a Mac's milk store?

**Miss Morris:** No, I cannot recall that one article.

**Mr Taman:** Did you have any further reports or conversation with Miss Martel during that period from the 15th to the 30th, let's say?

**Miss Morris:** I might have; I do not recall.

**Mr Taman:** Do you recall anything specific about any conversation you might have had with Miss Martel during that period?

**Miss Morris:** No.

**Mr Taman:** Then, if we look at the period leading up to the 5th and 6th of December, what action did you have on your Donahue file during that period?

**Miss Morris:** That it was becoming more and more quiet in the office.

**Mr Taman:** Did you have any conversation or instructions from Ms Murdock—Miss Martel, excuse me, during that period?

**Miss Morris:** No.

**Mr Taman:** Miss Morris, have you spoken to Miss Martel about Ms Majkot's evidence?

**Miss Morris:** After Ms Majkot appeared on Monday, Shelley called me to offer her support, but that is the extent.

**Mr Taman:** When you say "to offer her support," what did she say to you and what did you say to her?

**Miss Morris:** She said something similar to, "Well, I just saw Ms Majkot's testimony." I had not seen it, as we do not have a television set in our constituency office, but I had heard from a constituent or someone the brunt of what she was saying. I said, "Yes." I was a bit upset at that point. She said, "Well, you know, hang in there." She said, "Probably you'll be called to the committee now." I said, "Yes, well, I'd want the chance to say my side." I do not think there was much more said.

**Mr Taman:** Miss Morris, did you discuss with Miss Martel at all what it was that Ms Majkot said that you said in the conversation, or at least that was said by an administrative assistant in the office?

**Miss Morris:** What I did say was, "I hope you know I would never say something like that." What I was most offended at was that I had chuckled. I thought that was very unprofessional of anyone to do that. That is about the extent of what I told Shelley.

**Mr Taman:** Miss Morris, those are all my questions. Thank you.

**The Chair:** Thank you very much, Mr Taman. We will now recess for lunch and then we will be back at 2 pm, where we will start questioning on a rotation basis.

The committee recessed at 1203.



## AFTERNOON SITTING

The committee resumed at 1406.

**The Chair:** We will resume our hearings and call the afternoon session of the Legislative Assembly committee to order. At the end of the morning session, Mr Taman had completed his questioning of Ms Morris. As is in keeping with prior witnesses, we will now start a rotation, and that will be started with a member of the official opposition, Mr Conway. The time period allocated per caucus is 15 minutes.

**Mr Conway:** Thank you very much, Mr Chairman. Thank you, Ms Morris, for your attendance at and evidence to this committee. I want to quickly review with you again your background. Did I understand you this morning—I was reading some of the material, so I apologize, but I think I heard you say in response to committee counsel's questions that you had, prior to working for Ms Martel, spent some time working with Mr Laughren's office?

**Miss Morris:** Yes.

**Mr Conway:** When was that?

**Miss Morris:** From about May of 1990 to right after the election, around the beginning of October of 1990.

**Mr Conway:** Then after the election you joined Ms Martel's staff as, I take it, the sort of senior person in her constituency office?

**Miss Morris:** No. Before that I went into Ms Martel's minister's office, until April of 1991—so from October 1990 to April 1991—and there I was scheduling assistant and French communications assistant.

**Mr Conway:** All right. Just for clarification, do you want to take me through your work history since you left school? Just quickly, I want to get an idea of the chronology here.

**Miss Morris:** December 1989, NDP caucus administration, general office clerk; May 1990, legislative assistant, Floyd Laughren; October 1990, minister's office, Northern Development and Mines, Minister Shelley Martel, and then April 1991, constituency assistant.

**Mr Conway:** Thank you very much. So you have had a good experience in a variety of functions serving members who are ministers in the government.

**Miss Morris:** Shelley was the only minister I worked for.

**Mr Conway:** When you worked for Mr Laughren, you worked in—

**Miss Morris:** I was just his legislative assistant. As soon as he became Treasurer, I did not work for him any more.

**Mr Conway:** So your experience with Mr Laughren was while he was a private member, the member of the Legislature for Nickel Belt?

**Miss Morris:** Correct.

**Mr Conway:** Thank you. I do not mean to be mischievous in asking this question; I hope you will take it in that spirit. I take it I would not be wrong in thinking that you might be what I would call a New Democratic partisan, among other things?

**Miss Morris:** I suppose you could say that.

**Mr Conway:** I do not mean to embarrass you with that. I would just assume someone who is doing those jobs would perhaps have had some—

**Mr Hope:** Embarrassed? She probably feels good about it.

**The Chair:** Order, please.

**Mr Conway:** Well, some people are very sensitive around here. I ask the question quite—

**Mr Wood:** She says she's not a Liberal, Sean.

**Mr Owens:** The days of McCarthy have returned.

**The Chair:** Order.

**Mr Conway:** Well, I do not expect that Ms Morris is a Liberal; I would not expect she was a Conservative. I think it would be a reasonable assumption, one that I would make, and I just want you to confirm it, that I would not be wrong in thinking that you would consider yourself a New Democrat.

**Miss Morris:** No, you are not wrong.

**Mr Conway:** Thank you.

**Mr Kormos:** The first time today.

**Mr Conway:** I wanted to again go back to the circumstances of that week particularly of November 11 to 15. We heard the committee counsel take you through the testimony or take you through some of the exhibits. Certainly those of us who have been here for all of the hearings have, I think, by now a pretty good impression of just what kind of interest there was in and around Sudbury on what I will call the doctors issue.

I was a bit surprised this morning, and correct me if I heard you incorrectly, to say that you did not have a very good understanding that part of Dr Donahue's problem concerned the delisting of electrolysis or epilation. Is that what you said this morning, that you did not really connect Dr Donahue to the delisting of electrolysis, that you were not aware that he was a doctor who was potentially going to be affected not just by whatever that agreement was back in the summer of 1991, the so-called framework agreement, but that he could be affected by the decision of the government to delist electrolysis?

**Miss Morris:** I was not totally aware of all the facets of his practice, no, not at that early stage. I was not aware of all the implications of the cap on his practice, because I did not know that much about his practice.

**Mr Conway:** But I am looking, for example, at exhibit 106, which was entered, I think, yesterday by Ms Martel, which has to do with the Donahue issue. Exhibit 106.

**Miss Morris:** Mm-hmm.

**Mr Conway:** I just noticed on the front, the very front page of that, that on November 12, a constituent had called. I will not mention the constituent by name, but it is clearly indicated from the note on the file that electrolysis is an issue. I think we heard from some of the people working in Ms Murdock's office that they had an understanding that



part of the problem with this Dr Donahue had something to do with his electrolysis service.

**Miss Morris:** I was aware that he was doing epilation or electrolysis, but more than that I did not know.

**Mr Conway:** You had no knowledge, for example, that some of the Sudbury area members had been approached by a group who were actively involved with trying to get electrolysis delisted?

**Miss Morris:** No.

**Mr Conway:** You were not aware of that?

**Miss Morris:** I must not have been in the constituency office when they approached Shelley.

**Mr Conway:** So that week, then, we have a lot of pressure building. We know from other evidence that Ms Doherty, from whom we will hear later this afternoon, was very busy, as I take it was Mr Wood. Certainly Mr Sword was to become concerned. People in the Minister of Health's office were, you know, being pressured by a number of the Sudbury members and/or their staff about this doctors problem in Sudbury and it clearly was the burning issue of that week and later weeks, was it not?

**Miss Morris:** Yes.

**Mr Conway:** It would be very hard to go to work every day and not encounter some constituent file or some constituent, either in or around the office or maybe even on the street, who wanted to talk a bit about the doctors issue.

**Miss Morris:** You are correct.

**Mr Conway:** And on this Friday, November 15, we have a meeting which your minister attends with Mr Laughren and Dr Donahue and others where the subject is canvassed. I gather it was an interesting meeting. Some of the other testimony suggests that it was quite an interesting meeting where people put their cards on the table, so to speak.

Later that day you are travelling with Ms Martel—by the way, this is the day that Ms Majkot calls your office. I was really struck—because I have a constituency assistant with whom I travel, I was very struck by something you said, and that is that you had dinner at your parents' with Ms Martel, and on this night particularly and the night of the meeting, November 15, when Ms Martel, Mr Laughren, Dr Donahue and others are at the Civic Square, where I think the regional chairman said that this was one of the most important issues and meetings that he had been involved with in some considerable time. So we have a real impression from a number of other people who were there that not only was this a very hot issue, but this was a very important meeting with the key stakeholders all being there. Now, we are just a few hours after that. It is also the day that Ms Majkot calls the constituency office and seems to have talked to you.

You are on the road to the clinics, and again, as a member with a large rural constituency, I thought what you had to say about the pressure of those clinics was very believable. I do some myself, I suspect not as well as Ms Martel, but it is not easy and there is a lot on your mind. I thought what you had to say there was quite believable. Without wanting to be provocative, I have a problem, and I want you to help me understand what you said about what

happened at that dinner meeting—dinner with your parents. You are in between two clinics, I take it, at that point?

**Miss Morris:** Yes.

**Mr Conway:** And you do not have much time?

**Miss Morris:** No.

**Mr Conway:** It has been a very busy, hectic day, particularly for the minister, but probably for the minister's assistant as well. The news is on. Dr Donahue is on the news. The minister, by your testimony, looks at the television—I thought this was quite believable, because I can imagine myself talking to the television under those conditions—and says something like, according to your view of what Ms Martel said, "You are not going anywhere," you said she said about Dr Donahue, who was on television talking about the fact that he might leave Sudbury and northern Ontario. All of that I thought was quite believable. Now, do I understand your evidence to suggest that no more was said? Not a word passed between the two of you as you had dinner and then went off to—was it Warren? Was the meeting in Warren that night?

**Miss Morris:** St Charles.

**Mr Conway:** In St Charles, which is how many miles away from dinner?

**Miss Morris:** Ten-minute drive.

**Mr Conway:** Ten-minute drive. So you have dinner, you drive to St Charles, and there is no more discussion, nothing at all about what happened around that television broadcast or what happened earlier in the day at what Tom Davies has described and I think Ms Martel has described as a very important meeting on an extremely hot, sensitive, politically delicate issue in the Sudbury basin?

**Miss Morris:** You are correct, it was very delicate. We were not alone. Whether she would have talked to me if we had been, I cannot say. My parents were there.

**Mr Conway:** But I want you to help me understand the import of your testimony. Beyond that comment of Ms Martel saying to the television, "You, Dr Donahue, are not going anywhere," you and she talked not at all further on the Donahue case that day?

**Miss Morris:** Not that day, no.

**Mr Conway:** Not at all?

**Miss Morris:** She watched the little news clip, says something like, "You're not going anywhere." She might have turned around and a little ashamedly laughed a little, like, "Sorry, I'm talking to the TV." Other than that, I am sorry, we were very pressed for time. We had perhaps half an hour, because Warren is further away. We had perhaps half an hour to go in, watch that little news clip, eat, freshen up and go to our other clinic.

**Mr Conway:** I understand that, but I am trying to imagine myself in Ms Martel's situation and my constituency assistant in your situation. I am looking at things like exhibit 106 and I am thinking of the day I have had. Boy, if you look at exhibit 106 and if you look at what Ms Murdock's office tendered—I think it is exhibit 81—I mean, busy, busy phones. It is just on everybody's hit parade apparently, this file.



We know that Ms Martel is getting a little bit concerned about the way this debate is shaping up. We also know that on that meeting on November 15, Mr Laughren—correct me if I am wrong; I do not have the exhibit right in front of me—the Treasurer says at that meeting on—he speaks up quite vigorously at the meeting on November 15, and I do not know whose testimony it is, but says he was quite outspoken. I think that is one of the occasions when he says to Dr Donahue: “It’s time I think we got some of this information out into the public. Let’s open your books so we can see what’s going on here.”

I am just imagining my constituency assistant and I driving around the riding on a day like that. We might be going to clinics all right, but I tell you, in my experience—and it is only 16½ years as a local member—we would be talking about nothing else in the car to Warren or to St Charles.

1420

**Miss Morris:** We were not in the same car.

**Mr Conway:** That is helpful. That is very helpful. You did not travel together?

**Miss Morris:** No. I have indicated I was in my vehicle and that is why she came later.

**Mr Conway:** Fair—but—

**The Chair:** Mr Conway, I just want to remind you that two minutes remain.

**Mr Conway:** But not even at—how long were you at your parents’ again?

**Miss Morris:** Perhaps half an hour.

**Mr Conway:** You were there for an hour?

**Miss Morris:** Half an hour.

**Mr Conway:** Half an hour. You see, I raise all of these questions because we have one of the most troubling facts in this entire hearing. We have had a witness who I thought was a fairly straightforward Sudburian who did not appear to have any axe to grind. She told us that some time on the day of November 15th she phoned Shelley Martel’s constituency office about the Donahue matter and was told the things that are now on the record, and one of these exhibits indicates that call was received. We now have your testimony, which is an absolute, flat contradiction of that evidence.

That is a difficulty with which this committee is going to have to grapple, and I guess it becomes really a matter of credibility. I would like to think I am reasonably fair-minded and I want you, in the few moments that are left me, to help me with my difficulty, because there is a black and white version of what happened on that day in your office on that call re Dr Donahue’s file. I am very troubled by the stark contradiction in your testimony vis-à-vis Ms Majkot’s testimony. Can you help me at all in sorting out that very troubling contradiction?

**Miss Morris:** Like I have said before, I am afraid I am not Ms Majkot. All I can say is what I told the constituents who called in. If you want, I will repeat it. All I said was what—I had always put the emphasis on what Shelley was doing to rectify the situation, which was being in constant contact with the area MPPs, Miss Murdock and Mr

Laughren, as well as health officials, Ministry of Health officials, and the top community doctors who were involved. I am afraid that is all I can say.

**Mr Conway:** Did you say in response to Mr Taman that you do not—do you have a memory of talking to Ms Majkot? Do you remember the—

**Miss Morris:** I am afraid I do not recall her call, although I am sure she did call our office.

**Mr Conway:** But there were so many calls on this subject that you do not have a particular memory of—

**Miss Morris:** I am afraid not.

**The Chair:** Mr Conway, your time has expired.

**Mr Conway:** Thank you, Mr Chairman.

**The Chair:** Thank you. Mr Harnick.

**Mr Harnick:** Miss Morris, you told us earlier, and I want to understand this, that the first time Dr Donahue’s name came up was on the evening of November 15 in discussions between you and Ms Martel. Is that correct?

**Miss Morris:** No, I am afraid not. I had spoken to her about it previously.

**Mr Harnick:** Tell me when you spoke to her previously.

**Miss Morris:** I am afraid I cannot recall the exact date, but after the calls started filtering in through our office I am sure that, like with any other issue, I would have indicated it to her, whether it be by telephone, written memo or personal contact. Therefore, I am sure I would have—the first or second week definitely. I think probably the first week I would have mentioned it, but it was just a small trickle. After it became really heavy I am sure I would have mentioned it again.

**Mr Harnick:** Well, you see, part of the problem with your evidence is that you are sure what you would have done but you do not know what you did. Is that correct?

**Miss Morris:** I am afraid not. You will have to give me an example of what I am not sure of.

**Mr Harnick:** Well, you do not know whether you did it by telephone; you do not know whether you did it in person; you do not know whether you did it by mail. The problem I have is that you are supposing what you would have done in this situation, but you are coming here today and not telling us in fact what you did do.

**Miss Morris:** Every week there are different issues that pop up in the riding, sir.

**Mr Harnick:** I appreciate this, and let me tell you something: The regional chairman in Sudbury said that this was the most important issue that he ever dealt with in his career. Are you aware of that?

**Miss Morris:** I am sure it is.

**Mr Harnick:** You are nodding your head as if it is. Obviously it was an issue that was very important to Ms Martel.

**Miss Morris:** Yes.

**Mr Harnick:** If it was a very important issue to Ms Martel, my assumption would have to be that you recognized that and you would be aware of some of the things going on around this issue.

**Miss Morris:** Might I remind you that the issue was being dealt with out of our Toronto office.

**Mr Harnick:** Well, the issue may well have been dealt with out of your Toronto office, but it was your Sudbury office that was receiving the phone calls, was it not?

**Miss Morris:** Yes.

**Mr Harnick:** All right. And you realized that you were getting an inordinate number of phone calls on this issue.

**Miss Morris:** Yes.

**Mr Harnick:** Of course. And because of that, at some stage you probably had to say to Ms Martel: "Boy, we're getting a lot of phone calls. What ought we to do?"

**Miss Morris:** Yes, I did that.

**Mr Harnick:** In fact, you would have a recollection of doing that, would you not? This was an important issue.

**Miss Morris:** Well, I speak to her about every issue.

**Mr Harnick:** Well, do you remember speaking to her about this issue which is the biggest issue that the regional chairman had ever had to deal with in Sudbury?

**Miss Morris:** I cannot remember exactly when, but yes, I am sure I spoke to her about it.

Excuse me, Mr Chairman, my contact just popped out. Could I just have a second?

**The Chair:** Okay, fine.

**Mr Harnick:** That is the most major effect I have ever had on a witness.

**Interjection:** Take it easy, eh, Charles?

**The Chair:** We will have about a three-minute recess.

The committee recessed at 1427.

1433

**The Chair:** We will call the meeting back to order. At the recess Mr Harnick had the floor.

**Mr Harnick:** Miss Morris, you cannot tell me when you had your discussion with the minister, but when you had the discussion with the minister, what is it that you told her?

**Miss Morris:** I cannot recall my exact words, but I am sure they must have been something—

**Mr Harnick:** I do not want to know what you are sure they must have been; I want your best recollection of what you told her. I do not want you to reconstruct it for me now. Every answer you have given me is, "I'm sure it must have been." I want to know what you said to the best of your recollection. I do not want you to reconstruct it today and say, "Well, this must have been what I told her." I want to know what you told her. You do not remember when you told her; now I want to know what you told her. I do not want a reconstruction; I want your recollection.

**Miss Morris:** I do not recall enough to speculate.

**Mr Harnick:** All right. Now on November 15, what did you do that day? When did you get to the office?

**Miss Morris:** I got to the office at 9.

**Mr Harnick:** Did you leave at any time between 9 and noon?

**Miss Morris:** No, I did not.

**Mr Harnick:** All right. Who else was working there that day?

**Miss Morris:** That day there was Pauline Hébert, the other CA, and there was Monique Lavigne and Margaret Scorthorne.

**Mr Harnick:** On exhibit 106, you have seen the name Susan Majkot?

**Miss Morris:** Yes.

**Mr Harnick:** In whose handwriting is that?

**Miss Morris:** I would say that is Monique Lavigne's writing.

**Mr Harnick:** And you did not then take that call initially?

**Miss Morris:** No, I did not.

**Mr Harnick:** And you have no recollection of speaking with this woman?

**Miss Morris:** Not her particularly.

**Mr Harnick:** Now, during the course of the week of the 11th to the 15th, I suspect that on the 11th your office was closed?

**Miss Morris:** Yes, it was.

**Mr Harnick:** Because it was Remembrance Day. So that some time between the Tuesday and the Friday, the calls started to come in, I gather.

**Miss Morris:** They had begun before, but they were a lot more concentrated.

**Mr Harnick:** Had you had your discussion with Ms Martel when they had begun before or after the period that they became more concentrated?

**Miss Morris:** Before the 11th. Before the week of the 11th.

**Mr Harnick:** You had your discussion with Ms Martel before the week of the 11th.

**Miss Morris:** Yes.

**Mr Harnick:** Well, I can tell you that Ms Martel was quite categorical when she said she told you what her instructions were on the night of the 14th when you picked her up at the airport. And you have no recollection of that, do you?

**Miss Morris:** Of the night of the 14th?

**Mr Harnick:** That is right. You picked her up at the airport, did you not?

**Miss Morris:** Yes.

**Mr Harnick:** And that is when Ms Martel told us that she gave you the instructions.

**Miss Morris:** I do not recall that.

**Mr Harnick:** You do not, do you?

**Miss Morris:** No.

**Mr Harnick:** Because you do not recall receiving any instructions.

**Miss Morris:** I was giving all that week of the 11th, I was saying, I was especially pointing out that she will be attending the meeting of the 15th, because it had been in



the news media. Therefore I had spoken to her before. Perhaps she does not recall it.

**Mr Harnick:** She says she did not give you any instructions until the 14th, which means on the 12th, the 13th and the 14th, you were receiving calls at your office and you were talking to people who were calling in about Dr Donahue, right?

**Miss Morris:** I was talking to those people.

**Mr Harnick:** That is right. Without instructions from Ms Martel.

**Miss Morris:** No, I am afraid I did have instructions. Perhaps she does not recall the exact date she gave them to me.

**Mr Harnick:** Well, she recalled that it was when you picked her up at the airport, the night before.

So let's move on. During the 12th, 13th and 14th, you spoke with Mr Waddell, did you not?

**Miss Morris:** Excuse me? What were those dates?

**Mr Harnick:** The 12th, the 13th and the 14th.

**Miss Morris:** I might have.

**Mr Harnick:** Well, you spoke with Mr Waddell on a fairly regular basis, did you not?

**Miss Morris:** Yes, I did.

**Mr Harnick:** And when there was an issue like this, you would be speaking to Mr Waddell about it, would you not?

**Miss Morris:** I would comment on it. We would not be discussing it thoroughly.

**Mr Harnick:** Well, let's put it this way. When Mr Waddell called, you said to him, and I am quoting as best I can remember from this morning: "Are we getting calls. Are you also swamped with calls?" Is that the discussion?

**Miss Morris:** Yes.

**Mr Harnick:** And it just stopped just like that, did it not?

**Miss Morris:** Well, we would not get any further into it.

**Mr Harnick:** No, because it would be too obvious for you to say to Mr Waddell, "What are people saying to you?" I mean, of course you would not do that, would you?

**Miss Morris:** We know they would be saying the same thing, as the memo indicates our three numbers.

**Mr Harnick:** Well, how do you know they would be saying the same thing if you do not discuss it with them?

**Miss Morris:** The constituents would advise us that they were calling the three offices due to this memo.

**Mr Harnick:** But what were they saying to Mr Waddell and what were they saying to you? You are telling us you do not know what they were saying to Mr Waddell because you would never speak to him about that, would you? I mean, you want us to believe that. Right?

**Miss Morris:** Yes.

**Mr Harnick:** You want us to believe that here you are getting swamped with calls, and you and Mr Waddell are trying to field the calls and answer them, and God forbid if

you spoke to one another and said, "Well, what are you saying to the people?" You would never discuss that, would you?

**Miss Morris:** Not particularly, no.

**Mr Harnick:** No, you did not care about that, because it was the biggest issue that you had ever had in your office, right?

**Miss Morris:** I get my instructions from my MPP.

**Mr Harnick:** But you do not know when and you do not know where and I tell you you do not know what either. Right?

**Miss Morris:** Excuse me?

**Mr Harnick:** You are going to have to be a lot better than you have been for us to believe you and not to believe Ms Majkot.

**Mr Hope:** Are you calling her a liar?

1440

**The Chair:** Order. Mr Harnick, if you have a question to pose to the witness, please.

**Mr Owens:** He should apologize, that is what he should do.

**The Chair:** Order, please.

**Mr Harnick:** No, I am not going to apologize, as Mr Owens says. We have a big job here. We have to see who the credible person is, and it is either Miss Majkot or it is this witness, and this witness cannot tell us what the answers are on some very critical, sensitive areas.

**Mr Owens:** So it is okay to—

**The Chair:** Order, please, Mr Owens.

**Mr Harnick:** You do not ever recollect speaking with Miss Majkot, do you?

**Miss Morris:** No, I do not.

**Mr Harnick:** And you come here on the basis of what you have just now told us and you insinuate that Miss Majkot is not telling the truth. Is that correct?

**Miss Morris:** I have never insinuated that.

**Mr Harnick:** All right. Those are my questions.

**The Chair:** Thank you very much, Mr Harnick. Mrs Cunningham, and I just remind you there are five minutes remaining.

**Mrs Cunningham:** Thank you. I have just a couple of follow-up questions to those of my colleagues, Miss Morris. I am curious. When you were asked to come to testify before this committee, in what capacity were you asked to come?

**Miss Morris:** I am sorry? As constituency assistant?

**Mrs Cunningham:** That is my guess. Did you realize that you were going to be asked questions about the testimony of Susan Majkot?

**Miss Morris:** Yes, because it was following her testimony that I was called.

**Mrs Cunningham:** Well, I am curious then as to what you might have said when you were asked to come because you have told us today that you did not talk to a Susan Majkot, not to the best of your ability, to respond to

that. Ms Majkot said she did not know who she was talking to. You have suggested to my colleague that the handwriting is that of Monique Lavigne.

**Miss Morris:** Yes.

**Mrs Cunningham:** My guess is that the person who wrote it down would have been the one who spoke to her.

**Miss Morris:** Monique would have taken down the name, address and telephone number but would not have replied anything. She would take a comment, if it would have been just a comment.

**Mrs Cunningham:** Did you ask Monique Lavigne if indeed she did have a conversation with Ms Majkot?

**Miss Morris:** I asked both secretary/receptionists if they have ever spoken to a constituent replying to questions or comments—not just Ms Majkot, anyone—and they have said—

**Mrs Cunningham:** But did you ask if she had spoken specifically to Susan Majkot? Did you ask that question of Monique Lavigne?

**Miss Morris:** No, I did not.

**Mrs Cunningham:** I think it would have been an important question for you to ask, given the circumstances under which you are here today. I would have expected any one of my constituency workers to have drilled their people in a more defined way if I were coming before a committee of this Legislative Assembly.

**Miss Morris:** I asked them if they had spoken to any constituent, not just this one person. I did not know her name. I did not have a television set—

**Mrs Cunningham:** Well, I find your response particularly vague. I have to tell you that. I am only speaking as a member of provincial Parliament who would have been keenly interested to find out about any conversation specifically to the witness I was going to be asked to testify about. I just find the question particularly vague on your part as the constituency supervisor, and I just wanted to make that intent clear.

Earlier today in your testimony I think you talked something about not using a certain word with regard to the legality of something, and I forget what word you used. Could you tell me about that again? You said “I would never say something was illegal.”

**Miss Morris:** The word “illegal.”

**Mrs Cunningham:** Yes. Could you tell me in what context you made that statement here today, because I cannot remember.

**Miss Morris:** Yes. It was when I was looking at the exhibit.

**Mrs Cunningham:** Yes?

**Miss Morris:** And Mr Taman was asking why I was so adamant in saying I would not have said that and part of my response was because of all the conflict-of-interest guidelines that we are subjected to in the constituency office, such as all your constituency offices. We cannot deal with parking tickets, speeding tickets, because they are legal things. We do not deal with anything legal. That has been

drilled into our heads so much that we shy away from anything remotely legal and any of the jargon.

**Mrs Cunningham:** Would you have thought that this was a legal matter with regard to the number of calls you would have received between the 12th of November till the 19th? Would you have thought that these calls about the doctors were a legal matter?

**Miss Morris:** Oh no.

**Mrs Cunningham:** So in what context were you talking about the word “illegal” then?

**Miss Morris:** I am saying I would not use that vocabulary, just for that word I would not use it.

**Mrs Cunningham:** You would not use it in any regard ever in your constituency work?

**Miss Morris:** Not about case work, no, I would not.

**Mrs Cunningham:** Okay. So you think that is a particularly strong word in your work?

**Miss Morris:** I find it is a very strong word.

**Mrs Cunningham:** Would you expect members of provincial Parliament to be using a word like “illegal” in reference to constituents or in reference to some of the cases that they get in their office?

**Miss Morris:** I cannot answer for an MPP, but I—

**Mrs Cunningham:** Well, I am not telling you to answer for an MPP. I am telling you, if you take it that way, as an important word to stay away from in your work, would you expect that perhaps myself would have the same point of view, given the conflict-of-interest guidelines?

**Miss Morris:** Yes.

**Mrs Cunningham:** So you must have been absolutely shocked when you saw what the minister said about one of your constituents that people had been phoning about on the 5th of December.

**Miss Morris:** I cannot comment on that.

**Mrs Cunningham:** You cannot comment? I do not see any reason why you could not comment as to whether you were shocked or not.

**Miss Morris:** I was surprised. I was surprised. I was shocked that something like that had happened, that whole event happened.

**Mrs Cunningham:** These conflict-of-interest guidelines—you mentioned that you worked for another member of provincial Parliament before you worked for Shelley Martel.

**Miss Morris:** Mm-hmm.

**Mrs Cunningham:** Who was that member?

**Miss Morris:** Mr Floyd Laughren.

**Mrs Cunningham:** And at that point in time, did you have any guidelines or any training in your office as a person who worked for a member of Parliament who would have been in opposition?

**Miss Morris:** We had guidelines. They were not as strict. And I was a legislative assistant; therefore, the case work was not—I practically had no case work. The duties were very different.

**Mrs Cunningham:** As a legislative assistant?



**Miss Morris:** Yes.

**Mrs Cunningham:** Okay.

**The Chair:** Mrs Cunningham, just to remind you, time has expired.

**Mrs Cunningham:** Could I ask my last question, Mr Chairman?

**The Chair:** You can ask one final question, yes.

**Mrs Cunningham:** Okay. My question is with this regard then, with regard to the conflict-of-interest guidelines. In your work now as the person, I think, in charge of the office—is this correct, the constituency office?

**Miss Morris:** There is no hierarchy, but—

**Mrs Cunningham:** I beg your pardon?

**Miss Morris:** There is no hierarchy per se, as in your office, but I oversee perhaps the receptionists.

**Mrs Cunningham:** My guess is you are here because you are the person in charge of the office. That is my guess. I mean, you may not have a hierarchy, but that is my guess.

**The Chair:** Mrs Cunningham.

**Mrs Cunningham:** So my question would be this: Do you believe that the conflict-of-interest guidelines that you operate under are appropriate for not only the minister you worked for—I do not mean the minister, but the member you worked for as a regular member of the Legislative Assembly, probably in opposition, as myself—as they are for the cabinet minister you work for now? Has anything really changed with regard to conflict of interest, your use of the word “illegal,” the guidelines that you would be particularly confidential about the people you work with? Are things tougher now for you than they were when you worked in your constituency office or when you worked for Mr Laughren with regard to your work?

**Miss Morris:** They are different from when we were in opposition. They are more strict, yes.

**The Chair:** Thank you very much. Mr Kormos.

**Mr Kormos:** Thank you. You know that Ms Martel has been for some time an advocate on behalf of doctors and health care in the north, has she not?

**Miss Morris:** Yes, she has.

**Mr Kormos:** And she has had contact with a number of doctors and clinics and institutions in the course of doing that, has she not?

**Miss Morris:** Yes, she has.

**Mr Kormos:** And you know who Dr Abdulla is, from Larch Street in Sudbury?

**Miss Morris:** I have heard from him—about him.

**Mr Kormos:** He is a cardiologist.

**Miss Morris:** Yes.

**Mr Kormos:** In a letter that he is asking and that I have delivered to the Chair of this committee today, he writes—this is a letter dated March 12, 1992:

“Since Ms Martel’s appointment as minister of northern affairs, I have had, on more than one occasion, the pleasure of meeting with her to relate my concerns regarding the delivery of medical care in Sudbury and northeast-

ern Ontario with particular emphasis on cardiology. Ms Martel has always been willing to meet and discuss these matters. She has taken the time necessary to understand the implications of the problems discussed and further, I know that she has been successful in bringing about positive changes for the improvement of medical care in northern Ontario.

“Ms Martel’s past contributions to medical care in this community and throughout the north is most appreciated and it is sincerely hoped that this shall continue in the future.”

That is signed by Dr Abdulla. Do you agree with the sentiments expressed there?

**Miss Morris:** Of course I do.

1450

**The Chair:** Mr Kormos, I would like to indicate that we will be making a copy of this, distributing it and marking it as exhibit 119.

**Mr Kormos:** You are familiar with the northeastern Ontario cancer centre, are you not? That is on Ramsey Lake Road in Sudbury.

**Miss Morris:** Yes, I am.

**Mr Kormos:** And, once again, here is a letter dated March 11 addressed to Mr Offer as Chair of this committee—and a copy has been delivered to him, as I have been asked to do. Far be it from me not to do what I am requested.

Once again, this letter, in part, addressed to Mr Offer, March 11, 1992, writes:

“In my capacity as director of patient care services and a member of the senior management team at the Northeastern Ontario Regional Cancer Centre I have worked with Ms Martel on several projects.

“Her support of this centre through attendance at program functions or through the political process has been of great assistance to us in several areas but particularly in our stem cell transplant program. Thanks to Ms Martel Northern Development has financially supported our transplant program, which is the only one of its kind in Canada.

“Shelley has always been sincere, caring and straightforward when dealing with us, and to consider she has acted in any other manner I find incomprehensible.”

That is signed “Claire McChesney, director, patient care services.”

Do you agree with the sentiments contained there?

**Miss Morris:** Yes, I do.

**The Chair:** Mr Kormos, that is going to be distributed and marked as exhibit number 120.

**Mr Kormos:** I would ask as well then, Chair, without me having to read the contents of these letters dated March 12 from Peter B. Dunscombe, PhD, chief physicist at Northeastern Ontario Regional Cancer Centre, and R.J. Bissett, MD, acting chief executive officer of Northeastern Ontario Regional Cancer Centre, addressed to you and which I am delivering and ask that they similarly be marked as exhibits. Perhaps the clerk could come and take these from me in case the wind catches them. Thank you.

**Mr Harnick:** I think there is a lot of it over on that side.

**The Chair:** Order, please.

**Mr Kormos:** You know that calls are received on a whole number of issues depending upon what is thematic at a particular time, what is current, huh?

**Miss Morris:** Yes.

**Mr Kormos:** And you have seen the photocopy of basically the log of calls relating to the doctors issue, have you not?

**Miss Morris:** Yes.

**Mr Kormos:** And that log, in your view—it is an exhibit. Have we got the exhibit number for that, Chair?

**The Chair:** For which one, I am sorry?

**Mr Kormos:** The log.

**Mr Campbell:** 106.

**The Chair:** 106.

**Mr Kormos:** 106. It reflects the people who have been calling and the nature of the commentaries, does it not?

**Miss Morris:** The people who have been calling; not always the nature of the comments.

**Mr Kormos:** Perhaps, Chair, I could have the statements provided by Ms Edwardh to committee counsel as a result of questions posed to a number of those people on that list.

**The Chair:** What was that that you are requesting?

**Mr Kormos:** I want the statements that Ms Edwardh gave counsel, obtained from a number of people whose names appear on that list, the log.

**The Chair:** I do not know that they are marked as an exhibit at this point.

**Mr Kormos:** But I would like them. She provided them to counsel and I want to refer to them now.

**Mr Harnick:** On a point of order, Mr Chair.

**The Chair:** Yes, point of order.

**Mr Harnick:** I do not know what it is that Mr Kormos is referring to, but I think it is a rather odd way to enter into evidence statements from people who are not here, who cannot be cross-examined, and I think it is a rather odd way to enter evidence taken by another lawyer who is not here today, who is representing one of the parties. Clearly the circumstances would indicate that that is the most self-serving of evidence, not unlike the letters that Mr Kormos just read in. But they certainly are obtained in the most self-serving way. The people are not here to be examined, and I think it is highly improper to start putting in evidence—

**Mr Kormos:** These happen to be accurate compared to the stuff you tried to lay on us yesterday.

**Mr Owens:** That is right.

**Mr Harnick:** The fact is that nothing that is being put to this witness in those statements has anything to do with this witness.

**Mr Christopherson:** Mr Chair—

**The Chair:** Mr Christopherson.

**Mr Christopherson:** Thank you. In fairness now, there has been an awful lot of latitude and you have tried to keep all the other parties at bay when someone has the floor and have been relatively successful, assuming we have been in a fairly responsive mood.

Yesterday we had a last-minute document that ended up being somewhat incomplete. There was not a murmur about Mr Harnick's right to have that document entered as an exhibit. We had something to say about the content but not his ability to do that.

**Mr Harnick:** It was clearly relevant.

**Mr Christopherson:** I really think that it is improper that at this time Mr Harnick wants to suddenly create some new rules about what constitutes exhibits and what does not, and I would strongly recommend, Chair, that you allow Mr Kormos to continue in the fashion that he chooses, which does not violate any rules that we have set to date.

**Mr Harnick:** May I respond to that?

**The Chair:** Mr Harnick and Mrs Cunningham.

**Mr Harnick:** The evidence we talked about yesterday was evidence that was relevant to something the witness sitting here before us had said, and it was perfectly proper to put her comments to her. Now, what I suppose is about to be entered as an exhibit are the statements taken through the investigator, who was referred to yesterday, who ran around Sudbury getting ex post facto statements from witnesses, and they have nothing to do with this witness. This witness cannot comment on the validity of those statements whatsoever.

The key issue here is what Miss Majkot says. I suspect they do not have a statement from Miss Majkot. They are not going to bring these people to be cross-examined as Miss Majkot was brought. They had the opportunity to examine Miss Majkot. We now have the opportunity to deal with the individual who says Miss Majkot was not telling the truth, and that is exactly what we have done.

I cannot see the purpose or the fairness of putting in statements from people that we do not have the opportunity to examine. It is one thing to talk about hearsay, but it is another thing—at least if this witness could say, "That's what somebody told me," I could accept that, but those statements have nothing to do with this witness. This is nothing more than a ploy to throw more paper into the mix here, but it has nothing to do with the witness. Why do they not wait and do it when Dr MacMillan is called as a witness? It has as much relevance to him as it has to her.

**The Chair:** Mrs Cunningham.

**Mrs Cunningham:** Mr Chairman, before us we have exhibit 106, which Mr Kormos knows about. On that exhibit, over some 16 days, in the office that Ms Morris is responsible for—and I am sure she would be pleased to be asked questions about that—there were some 76 names submitted and any one of them could be questioned. In my perusal of these, and adding things up, they were not friendly calls. They were not friendly in favour of the policy of the government. I do not think they were unfriendly



towards Ms Martel, and nobody is questioning whether she is a popular or good worker right now, but I do think if we question anything, it ought to be evidence that is before the committee that this witness has the authority and the experience to respond to. Any letters in support of Ms Martel that have nothing to do with this witness, I do not think it is fair to be asking her whether she agrees or disagrees with some letter that somebody wrote and I do not think that is the purpose of these hearings. She has obviously come all this way to be asked about what she knows about with regard to the previous witness this week or her work in the constituency office. Anything that does not relate to either of those two things, Mr Chairman, I think is inappropriate at this time.

**The Chair:** Mr Christopherson.

**Mr Christopherson:** Before you rule, I would just like again to underscore the fact that the time allocations, by and large, you have left to the caucuses to use in the way they deem necessary. In fact, I think I attempted to raise a point of order on someone who was asking a question which in my opinion was totally off the mark—I think it was just yesterday—way off what we were talking about. I was advised by you at that time that it was within their right to use their time as necessary and I would—

**Mrs Cunningham:** And you had your time.

**Mr Christopherson:** Excuse me. And I would strongly suggest, Chair, that this should fall under that category.

**The Chair:** Mr Kormos.

**Mr Kormos:** I just want to caution everybody to be very careful that we do not trample on agreements that were made between Ms Edwardh and Ms Jackson when these statements were provided to Ms Jackson by Ms Edwardh after the issue was raised by Mr Harnick, who came here with a transcript of a supposed MCTV interview with one of the persons interviewed. It was that which prompted Ms Edwardh to identify the statements that were made and to indicate that they had been provided to Ms Edwardh to be dealt with at a later stage in these proceedings. So I just caution, knowing Ms Jackson is not here today, to be careful about trampling on agreements that were made between counsel.

**The Chair:** Are there any other comments? Seeing none, I have heard and also had an opportunity to speak to counsel as some of these points were being made. The point and advice that certainly I am receiving from counsel is, firstly, that this would be hearsay upon hearsay; secondly, that it would be entered into without the opportunity of speaking to the person who was in fact the maker of that statement, and it would in fact depart from some of the rules of how this committee has operated from day one.

Having said that, I would think as a result that these would not be proper to be entered as an exhibit and, as a result of earlier decisions that have been made, would rule accordingly.

1500

**Mr Kormos:** I am going to tell you, Chair, with all due respect, that is a stupid ruling because you have not even seen the statements I am referring to.

Interjection.

**Mr Kormos:** Be quiet.

To talk about them as hearsay on top of hearsay shows a naïveté either about the subject matter of those documents, which are handwritten by the persons making those statements and signed by them, or a real ignorance of what hearsay consists of.

**The Chair:** The ruling has been made. I understand what you are saying.

**Mr Harnick:** Are you challenging the Chair?

**The Chair:** If you are challenging the Chair, then you can do so. Otherwise, I have ruled that it is not in keeping with the way this committee has operated in the past. It is without opportunity of members of this committee to in fact question the individuals who have allegedly made those particular statements, and the question as to it being hearsay upon hearsay is one which I feel is absolutely right and proper. Mr Kormos, if you do not agree with that particular ruling, that is up to you. You may continue the questioning.

**Mr Kormos:** Just like the comments of stockbroker Buddy Bocy of Donahue's were entered for the purpose of cross-examining Miss Martel yesterday, your inconsistencies are more than remarkable; they are disgusting.

In any event, Ms Morris, you were spoken to about some of the staff who worked for other MPPs in the Sudbury area, one Waddell. Then counsel talked to you about Giselle Adams. She works for whom?

**Miss Morris:** Sharon Murdock.

**Mr Kormos:** Is she a civil servant?

**Miss Morris:** No. She is a constituency assistant.

**Mr Kormos:** Oh. Has she ever—some constituency—that means she is political staff, huh?

**Miss Morris:** Yes.

**Mr Kormos:** Are you aware, having worked in the ministry and up there, that some political staff are seconded from the civil service? Are you aware of that?

**Miss Morris:** Some are.

**Mr Kormos:** Do you know whether or not Ms Adams is one of those people who was seconded from the civil service to political staff?

**Miss Morris:** I am afraid I do not know.

**Mr Kormos:** But in any event, it would be incorrect for me to refer to her as a civil servant. She is clearly political staff, huh?

**Miss Morris:** She is a constituency assistant.

**Mr Kormos:** Is that the same position you have?

**Miss Morris:** I am the outreach constituency assistant.

**Mr Kormos:** Do you know Keith Harfield?

**Miss Morris:** No, I do not.

**Mr Kormos:** Has Ms Adams ever talked to you about Mr Harfield?

**Miss Morris:** No, she has not.

**Mr Kormos:** So you do not know whether she has received telephone calls from Mr Harfield or not, do you?

**Miss Morris:** No, I do not.

**Mr Kormos:** Mr Waddell indicated before this committee that he had engaged in a back-of-the-envelope exercise of estimating Dr Donahue's gross income. Are you aware that Mr Waddell had testified to that while he was here in front of this committee?

**Miss Morris:** Yes, I am aware of that.

**Mr Kormos:** That they had performed some exercise, based on the public reports coming from Dr Donahue himself?

**Miss Morris:** Yes.

**Mr Kormos:** Were you aware that they were commenting on this to at least some of the people they had contact with?

**Miss Morris:** I only became aware of it when it was released through the press.

**Mr Kormos:** That indeed either Mr Waddell or perhaps Giselle Adams had spoken to people calling in about Dr Donahue and replied with their estimates of his income?

**Miss Morris:** It was indicated that a constituency assistant had given out estimates.

**Mr Kormos:** All right. But that certainly was not you.

**Miss Morris:** No. A constituency assistant from Sharon Murdock's office.

**Mr Kormos:** If there was any staff person in Sudbury who gave out estimates about Dr Donahue's income, it was either Waddell or Adams from Sharon Murdock's office and certainly not you from your office?

**Miss Morris:** That is correct.

**Mr Kormos:** Did other people handle the queries to Martel's office about Dr Donahue, other than yourself?

**Miss Morris:** No.

**Mr Kormos:** Were you consistent in how you handled them?

**Miss Morris:** Yes, I was.

**Mr Kormos:** You may know as a result of MCTV coverage that at least one person in the Sudbury area complained about a private investigator taking statements from people who had called Miss Martel's office. Are you aware of that MCTV interview?

**Miss Morris:** Yes, I am.

**Mr Kormos:** So you know that there has been a so-called private investigator, indeed one who was retained by a law firm that acted for Ms Martel, asking people what they were told when they called your office.

**Miss Morris:** Yes.

**Mr Kormos:** Approximately half a dozen statements were handwritten by people who were contacted by that investigator. Did you know that?

**Miss Morris:** No, I did not know that.

**Mr Kormos:** Okay. Well, I tell you that and those are the statements, of course, that I say have been provided to committee counsel. I have seen those statements. Now, does it surprise you to learn that each and every one of those statements indicates that when they called Ms

Martel's office they did not speak to Ms Martel? Does that surprise you?

**Miss Morris:** No, I am not surprised.

**Mr Harnick:** A point of order: What Mr Kormos is about to start to do is to read those statements. Again, I think you have ruled that he is trying to do something indirectly which he cannot do directly. Again, he is going to make certain allegations that we will not have the opportunity to examine about, because this witness clearly did not give those statements; she does not know about those statements; she did not take those statements. What Mr Kormos is trying to do is downright—

**Mrs Cunningham:** Silly.

**Mr Harnick:** Slippery.

Interjections.

**Mrs Cunningham:** You are having a good time at the public's expense.

**Mr Kormos:** Can I go now, Chair?

**The Chair:** With respect to the point of order—I think we will wait for the question to be posed—but I think with respect to this particular matter, we have allowed members to ask questions in the way in which they feel is proper. If the witness cannot respond to the question as posed, well, that is the way in which the particular individual member has decided to use his or her time and I would rule that accordingly.

I see this as something which is much different than the entering of an exhibit of a statement taken by one individual to another individual, who is then asking another individual to comment, which is of course hearsay upon hearsay. But how an individual rules or uses his particular time in asking a question of a particular witness on information which the witness may or may not know is how that particular person wishes to use his time.

**Mr Kormos:** Thank you, Chair.

**Mr Christopherson:** Chair, was there not a letter from the OFL yesterday that was entered in and that you allowed as an exhibit?

**Mr Harnick:** That was Shelley Martel.

**The Chair:** Yes, and for your particular interest, that was a letter, which was during the examination of the minister, written by or to the minister on a statement made or allegedly made by the minister and as such it was directly referable to the witness before this committee. Mr Kormos.

**Mr Christopherson:** Just for the record, that is not the point that you used to rule.

**Mr Kormos:** I tell you, Chair, I am requesting that I be provided with—I do not have the statements. Ms Edwardh provided them in good faith to committee counsel so that they could be retrieved upon request. She placed them in committee counsel's custody. I do not have them. I am asking for them now.

**The Chair:** Mr Kormos, just to be clear—

**Mr Kormos:** Have you been instructed to do so by Ms Edwardh?



**The Chair:** With respect to the point that was raised by Mr Harnick my ruling was that you can pose the questions. I am giving you the opportunity to do so.

**Mr Kormos:** Thank you. I do not have the letters, the statements. You see, they were not statements taken by the investigator; they were handwritten statements by the person whose words were contained in them, signed by those persons. That is why some day, if the Chair has a little time, I will help him out on the law of hearsay.

But in any event, Ms Morris, would it surprise you to learn that half a dozen of these statements provided by people who called your office all indicated they were treated with professional response on the part of whoever it is they were speaking with, albeit was not Ms Martel?

**Miss Morris:** I am not surprised. I am glad they said that.

**Mr Kormos:** As a matter of fact, these statements indicate that the response they received is exactly how you told us you responded to people as a rule when they called about Dr Donahue. Does that surprise you?

**Miss Morris:** No.

**Mr Kormos:** I suspect the reason it does not surprise you is because that is the way you dealt with all the people who phoned in about the Dr Donahue, capping, threshold, doctors in the north issue.

**Miss Morris:** Exactly.

1510

**Mr Kormos:** And there was no deviation.

**Miss Morris:** No.

**Mr Kormos:** And you are not about to explain why Ms Majkot would come here and say what she said.

**Miss Morris:** I cannot explain it.

**Mr Kormos:** But you are under oath here?

**Miss Morris:** Yes.

**Mr Kormos:** Are you prepared to lie?

**Miss Morris:** No.

**Mr Kormos:** Are you lying?

**Miss Morris:** No, I am not lying.

**Mr Kormos:** Would you like to see those statements that were obtained by the private investigator of the half-dozen or so people who wrote them out? Would you like to see them?

**Miss Morris:** If I could, I would like to.

**Mr Kormos:** You know what? You cannot, because the Chair says he is not going to let anybody look at them, notwithstanding how interestingly—

**Mrs Cunningham:** They are taking auditions for the Stratford Festival this afternoon, Kormos.

**Mr Kormos:** —Ms Morris, notwithstanding how interestingly they would tend to corroborate what you said. I am not sure, but I think we struck a nerve.

Now, Giselle Adams, the staff person for Ms Murdock, the one who was involved in—you are aware of it through the press—the fabrication or the estimate of Dr Donahue's gross income—

**Mr Harnick:** Point of order.

**The Chair:** Point of order.

**Mr Harnick:** That is a misstatement of the evidence. We have never examined that person [inaudible] Waddell, and he was the one who gave that evidence. So I do not know what Mr Kormos is talking about other than the fact that he is again misstating the evidence, stretching the evidence or whatever you want to call it.

**Mr Kormos:** You know exactly what I am talking about. We struck a nerve and it is too bad the nurse was not here to administer Novocaine.

**Mrs Cunningham:** For yourself. The only person who needs medication is yourself.

**Mr Kormos:** But obviously when you start squealing, Mr Harnick—

Interjections.

**Mr Kormos:** —when you start squealing you are obviously getting nervous. You do not want the statements to be provided and you do not want Ms Adams.

**The Chair:** Order, please.

**Mrs Cunningham:** Cool down.

**The Chair:** Order, please, Mr Kormos, Mr Harnick, Ms Cunningham. I think we have got everyone.

**Mr Owens:** Shame on you.

**Mrs Cunningham:** Let's continue with the preschool program.

**The Chair:** Mr Kormos, there are approximately two minutes remaining and you may continue to pose your questions.

**Mr Kormos:** So Giselle Adams is the one who works with Mr Waddell?

**Miss Morris:** Herself and another assistant.

**Mr Kormos:** Yes, that is Mr Waddell?

**Miss Morris:** And there is another assistant.

**Mr Kormos:** Oh, and there is yet one more.

**Miss Morris:** Yes.

**Mr Kormos:** Now, I appreciate you do not know Mr Harfield. Do you have occasion to have people call you just to make general inquiries about the status of legislation, that sort of thing—

**Miss Morris:** Um, yes.

**Mr Kormos:** —you know, because you know these things?

**Miss Morris:** I do not know those things, but they ask.

**Mr Kormos:** Well, you know more than most people do.

**Mrs Cunningham:** Oh, give me a break.

**Mr Harnick:** Her evidence sure did not indicate that, Peter.

**Mrs Cunningham:** How insulting.

**Mr Christopherson:** What is insulting is that you will not let him finish.

**The Chair:** Ms Cunningham. Please, Mr Kormos, would you continue your question.

**Mr Wood:** To the penalty box.

**Mr Hope:** Two minutes for interference.

**The Chair:** Let me remind all members of the committee, in light of the time and the amount of days that we have sat, interjections and interruptions are clearly out of order. Mr Kormos.

**Mr Kormos:** I mean, people who might be consultants might phone you to find out, for instance, the status of a bill. Would that not be reasonable?

**Miss Morris:** They might.

**Mr Kormos:** Yes. And if Keith Harfield were a consultant he might be inclined to phone you, or indeed Giselle Adams as a constituency assistant for Ms Murdock, would he not?

**Miss Morris:** He could if he wished.

**Mr Kormos:** And that would not offend you, would it?

**Miss Morris:** He could ask.

**Mr Kormos:** You are not any special sort of contact. You are there for anybody who wants to call you and who wants you, whether they are consultants or not. Is that not right?

**Miss Morris:** That is right.

**Mr Kormos:** I mean, you are sort of public property in that regard.

**Miss Morris:** Yes.

**Mr Kormos:** And you will talk to people whether they are consultants or not.

**Miss Morris:** Yes.

**Mr Kormos:** And in so far as you are aware, so would the staff for Ms Murdock.

**Miss Morris:** I do not see why not.

**Mr Kormos:** Mr Waddell?

**Miss Morris:** Mm-hmm.

**Mr Kormos:** The other CA, or even Giselle Adams?

**Miss Morris:** That is correct.

**Mr Kormos:** So Mr Harfield never called you, but you are not aware as to whether or not he might have called Ms Murdock's office.

**Miss Morris:** That is right.

**Mr Kormos:** Okay, thanks. Maybe Mr Owens has got a couple of things he wanted to ask.

**The Chair:** I am sorry. The time has expired. I would like to thank you for coming before this committee.

ROBERT MacMILLAN

**The Chair:** The next witness that we are going to recall is Dr MacMillan. Dr MacMillan.

**Dr MacMillan:** Good afternoon.

**The Chair:** And welcome back.

**Dr MacMillan:** Thank you, Mr Chairman.

**The Chair:** I understand that you are with your counsel, Mr Page?

**Dr MacMillan:** Correct.

**The Chair:** I would remind you that I believe you were in the committee on February 10—

**Dr MacMillan:** Yes.

**The Chair:** —at which time an oath was administered. For members of the committee, I understand that Dr MacMillan's testimony today will be both in a public and in an in camera session. Having said that, I invite our counsel, Mr Taman, to commence questioning.

**Mr Taman:** Dr MacMillan, Mr Page, I just have a few questions arising out of evidence that Dr MacMillan gave earlier on and evidence that has been given by other parties. As I have indicated to both of you, there was some evidence before this committee: It came from Dr Hollingsworth who indicated as follows, and I am looking at the evidence for February 17. It is at 1105-2.

Dr Hollingsworth said in his evidence: "When I stood up to speak at the meeting on December 5 in Sudbury, which was a public meeting held to clarify some of the problems in Sudbury, Dr MacMillan took a file with my name on it marked 'Confidential' and placed it in his lap in clear view of Mr Decter, the Deputy Minister of Health. I think that there is a file on me and I feel that that action, while it may have attempted to make me cower in front of bureaucracy, has only firmed my resolve to find out about that file."

Let me ask you a number of questions arising out of that evidence, Dr MacMillan. First of all, did you have a file or files on your lap during the course of that meeting?

**Dr MacMillan:** I may have had the media handout. I do not recall taking out—and I would have no reason to take out—any particular file unless it was simply the same material that the members of the audience had.

**Mr Taman:** Did you have in your possession on the day of the meeting a file of any kind on Dr Hollingsworth?

**Dr MacMillan:** No, I did not.

**Mr Taman:** Did you know Dr Hollingsworth prior to going into that meeting?

**Dr MacMillan:** I did not even know him when I was in the meeting. I believe I knew about three or four individuals at the most. Most of the speakers—I did not know who they were until they got up to speak. There was somebody beside me or in front of me to whom on occasion I would say, "Who is that?" but I do not recall having Dr Hollingsworth identified to me by anyone prior to it being announced that he was going to speak.

**Mr Taman:** Dr MacMillan, did you have with you for the meeting of the 5th information of a personal nature on any physicians?

**Dr MacMillan:** Yes. In my testimony last month I indicated that I had had conversations with some doctors, private, personal conversations with respect to their fear of the threshold and its impact on their income. Of course, if you remember my testimony, I was the one who asked for a meeting with the county medical society. I did not know what I was getting when I asked for it, but I was the one who precipitated that meeting as far as I understood. When I went to the meeting I therefore took about four or five physicians' billing information as it related to their thresholds, what their income was, what their technical fees were, when the threshold would be impacted, if it would, and



how much reduction would be made from their yearly income. So I had that information; I had it in my briefcase. I did not take it out of my briefcase because, to my amazement, none of the physicians wanted apparently to approach me, to meet with me, after coming all the way to Sudbury.

1520

**Mr Taman:** Was Dr Hollingsworth one of the physicians on whom you had personal information for that meeting?

**Dr MacMillan:** No. In fact, of course with this almost file paranoia of Dr Hollingsworth, I inquired of my staff to determine whether there was any file around on Dr Hollingsworth. I made a very thorough inquiry both in Sudbury and in Kingston and no one has ever created a file on Dr Hollingsworth. I had not heard that word so much until I came to these hearings. We do not have any information on Dr Hollingsworth's income that I was able to find, except for what is in the computer.

**Mr Taman:** Dr MacMillan, how did you carry the documents relating to the other physicians?

**Dr MacMillan:** In the same briefcase I have here.

**Mr Taman:** What did you keep them in?

**Dr MacMillan:** I usually keep my files, my documents, in those plastic covers that keep things together. I do not use hard-covered paper documents, except for on rare occasions.

**Mr Taman:** Were they carried in anything that was marked with the word "Confidential" on it?

**Dr MacMillan:** No. I would not need to mark "Confidential." They were in my possession. I am very careful where I take my briefcase and I watch it. Normally of course I do not carry such information in it anyway, other than hopefully to the benefit of the physicians, for which I made the visit to Sudbury.

**Mr Taman:** Dr MacMillan, you indicated that you did not know Dr Hollingsworth before going to the meeting.

**Dr MacMillan:** No. I still do not know him. I do not think I have ever met him.

**Mr Taman:** Mr Decter indicated in his evidence that you identified at his request Dr Hollingsworth for him. Can you explain how that happened?

**Dr MacMillan:** Well, I will acknowledge that might have happened. As I said, as people got up on occasion I would lean over to someone and ask who that is. In fact, a fellow past president of the Ontario Medical Association was sitting right behind me and I was speaking to him several times. It is not inconceivable that I asked someone who that was out of curiosity or in response to the deputy's question to me.

**Mr Taman:** The deputy minister indicated in his evidence that he recalled you pointing out Dr Hollingsworth's name on the underserved area program list in your lap. Did you have that list in your hand—

**Dr MacMillan:** It was in the package and I may have—I do not recall doing that. I may have pulled it out and pointed it out or observed it when someone told me his name. I do not remember.

**Mr Taman:** There was another aspect of Dr Hollingsworth's testimony that I wanted to put to you. Dr Hollingsworth said this, and I am looking at 17 February, 1200-1:

"There was, we felt—well, I certainly felt—a definite intimidation occurring particularly when I spoke at the meeting in Sudbury and Dr MacMillan produced a file marked "Confidential" while I was speaking. That was very threatening at the time. Different physicians had told me that Dr MacMillan had told them he was carrying their files in his briefcase. I am told he produced the file of one physician and threw it on the desk and said, "You don't bill very much, do you?" So there was a definite attitude that there were good boys and bad boys in the classroom."

Do you have any comment on that evidence?

**Dr MacMillan:** I sure do. I mean, I do not know what this Dr Hollingsworth has against me. I was up there to help physicians. These are lies or exaggerations. I just could not believe it when I saw and read this type of evidence. I had no—I mean, many of them—he said "I was told." I do not know how he would get excited when a file was brought out "Confidential," because I was a long distance away from the speaker, so it must have been—if someone told him that did occur, which it did not, it was probably told after he spoke. I do not know how he would be rattled.

I did speak to several physicians I knew. There was a great air of hostility towards all three of us who had come up from the ministry to assist in the understanding of this agreement. In particular Dr Donahue, who I had phoned, made no attempt to come over to speak to me about his particular situation. I spoke to a classmate. I checked with him even last night with respect to whether or not I had said such a thing to him, that he was not billing up to the threshold. He denied that the subject was raised by me at all. I would not go up to a strange physician and do it, and as I said, there were only three physicians in the room who I knew. This is totally offensive and I reject it completely.

**Mr Taman:** Dr MacMillan, just to turn to another area of the proof, Mr Corea indicated in his evidence that he met you in a gathering in Dr LeBlanc's office, I believe, on the 14th, and I think in your evidence you indicated that you had not met Mr Corea. Would you explain that to the committee, please?

**Dr MacMillan:** Yes. I am glad to have the opportunity to correct my evidence. When I saw Mr Corea testifying, I recalled as he was speaking that indeed he did come in that day. I do not know whether anybody took the time to introduce him to me; they may have thought we knew each other. I recall someone coming to me. I explained in my earlier testimony about a marked copy, a blacked-out copy. In retrospect, that was undoubtedly Mr Corea, and I did receive that document and subsequently destroyed it.

We did have a conference call that morning. Mr Corea remained. The evidence he gave was slightly incorrect as well. His evidence was that we were talking to Mr Tom Davies, I believe, or Dr LeBlanc; in fact, we were talking to the director of health and social services for Sudbury district.



**Mr Taman:** Was there any discussion at that meeting on the 14th about briefing Mr Floyd Laughren?

**Dr MacMillan:** Yes. The recollection I have is that—of course, it is important to know what the conference call was about. As I recall it, I think it was the evening before that a very notorious and televised session of the council had taken place where the Sudbury and District Medical Society, I am told, attended and made a presentation and a petition to get council's endorsement in opposing the government position on threshold and the OMA-government agreement. This had created quite a storm of further discussion and debate and discontent, and it is my understanding that indeed council did support the medical society in its attack against the program and did indeed make a resolution in that regard. It was peaking at that time, as I understood.

I was quite removed at that early date of November 14 with respect to the press coverage and the involvement of Dr Donahue, but it became quite apparent that Mr Laughren and others were going to be called upon to debate and I did not know at that point that they had been debating as much as they had about the issue.

Eugene LeBlanc and I thought it might be courteous, inasmuch as I was led to believe Mr Laughren was going to be having meetings that weekend about the issue, to be certain that he was aware of how the agreement was working, how we were coming in our calculation as to the extent of the number of people affected in the province, in particular the number of people affected in the north, and I believe we agreed that I would phone Mr Laughren the following morning, November 15, which I did.

**Mr Taman:** Did you reach Mr Laughren?

**Dr MacMillan:** Yes. I looked up the telephone records and I had one call that lasted a minute and I believe, in retrospect, they said no one was in the office yet and to call back. I called back. I was not about to speak to Mr Laughren. In fact, I did not know he would even be in the constituency office at about 9:30 on Friday morning, and so I asked to speak to a constituency assistant.

1530

**Mr Taman:** What was your conversation with Mr Laughren when he came on the line?

**Dr MacMillan:** Mr Laughren came on the line and was appreciative of my call, was eager to understand details of the agreement, its impact and how we were administering it, in particular the fact that in December, the following month, the first physicians that were going to be affected would have a withdrawal made from their cheques. I provided him with general information about the issue in Sudbury. I do not recall speaking in any detail whatsoever about Dr Donahue. His name might well have been mentioned, I do not recall.

**Mr Taman:** Let me just press you on that point for a moment. We know from other evidence we have had that Dr Donahue was a topic of considerable conversation. We know in hindsight, although you did not know it at the time, that this turned out to be an animated and in some ways difficult meeting. Are you quite sure there was no

discussion of Dr Donahue in your conversation with Mr Laughren?

**Dr MacMillan:** No, I did not say that. I said that there quite well might have been a discussion. You may recall from further evidence that the same morning I gave an interview to CBC Sudbury, which I think Mr Laughren heard part of, in which the issue of withdrawal of services in the north was discussed. This was because CBC wanted the response from government with regard to Dr Donahue's earlier statements, I believe on the Monday and on the Wednesday, in the press. So that interview you have as an exhibit. I think I probably, because it was so close to the time when I gave that interview, an hour or two earlier, that I would have mentioned the issue of dermatology in the north, and Dr Donahue's name undoubtedly would have come up, but I would not have revealed anything in a detailed manner with respect to his billing, nor was I asked.

**Mr Taman:** What is your recollection of your conversation with the Treasurer? What do you recall discussing with him about Dr Donahue?

**Dr MacMillan:** I really honestly cannot recall. There was certainly no detailed information that I provided to the Treasurer of Ontario, but I am told by legal advice, had I done so, I would still not have been in breach of anything.

**Mr Taman:** Just to turn to another matter for a moment, we heard evidence from Ms Martel that she had the underserviced area program list in hand when she spoke to Dr Kosar and Dr Hollingsworth on the 2nd of December. I think I am also right in saying that it was her evidence that she had received that from you at the breakfast meeting in Sudbury on the 30th of November.

**Dr MacMillan:** Yes.

**Mr Taman:** Is that consistent with your recollection?

**Dr MacMillan:** No.

**Mr Taman:** What is your recollection?

**Dr MacMillan:** Well, I do not have a recollection of the UAP underserviced area list.

**Mr Taman:** Did you have the list on the 30th?

**Dr MacMillan:** I did not have the list on the 30th that I know of.

**Mr Taman:** Had you seen the list before you saw it in the package on the 5th?

**Dr MacMillan:** I do not believe I had, no.

**Mr Taman:** Have you looked to see whether or not you had a copy in your office in Kingston before the media package came into your possession on the 5th?

**Dr MacMillan:** Yes, I have, and there is in my office—in the provider services branch, not in my own private office area, there was a copy that my staff were using in order to determine who we had to be concerned about and who we did not have to be concerned about.

**Mr Taman:** Have you made any inquiries to try to establish the source of the list?

**Dr MacMillan:** Yes. When I saw the evidence given by the minister with respect to that document, I was surprised that she had ascribed her receipt of that to me, and I



thought it must be Dr LeBlanc who had given it to her. So I contacted Dr LeBlanc, who would more than likely have been in possession of that document at the time, and asked whether he had given it, because I did not recall that I had given the document nor did I have it. His recollection was that he did not remember giving it to her either.

**Mr Taman:** Then just to turn, I think, to my last subject, there was evidence from Dr Donahue that he had tried for some time to establish contact with OHIP to discuss his circumstances. Do you know whether there was any contact received in your office from Dr Donahue in the weeks and months leading up to November of 1991?

**Dr MacMillan:** Well, recognizing that assertion, I also researched that matter and was unable to establish any recent contacts—and recent being last fall—inquiring about any particular issues surrounding the billing and the thresholds. Dr Donahue did write in, as many physicians did, applying for exemption under the threshold agreement, but at no time did Dr Donahue make any attempt to call any one of my staff or me.

Indeed, I have given evidence and I want to stress it: I phoned him on November 28 and said, “Dr Donahue, I understand you’re really upset with this threshold. Have I got good news for you. You’re not really affected very much by this threshold and let me tell you why,” and I went into details about the fact that he was not going to be affected to a very significant degree whatsoever by the threshold and that this was his happy day and I would be glad to come and talk over more with him.

**Mr Taman:** I do not want you to discuss, and I know you would not, any numbers you might have had or might have discussed in connection with Dr Donahue, but when you said that he was not affected, I take it you had in mind the underserved area program component of his practice.

**Dr MacMillan:** No, not that solely. There are two other very, very important components: the extent to which a doctor is sheltered by the technical fees and the extent to which he, as a dermatologist involved in epilation, would also be protected from the exclusion of the epilation fees up until November 15 when, of course, they were delisted.

**Mr Taman:** And how did the underserved area program component figure in?

**Dr MacMillan:** The underserved area component in his particular case, as you have heard, allowed him to not even—the clock did not even start ticking until September 1, a third of the way through the year. So the first third of his income was entirely sheltered.

**Mr Taman:** Did you discuss with Dr Donahue on the 28th the possibility of further contact to discuss his circumstances?

**Dr MacMillan:** Yes, I did. It was a very congenial conversation. Dr Donahue seemed—I had never spoken to the man before. He was quite appreciative that I called. He seemed quite interested and quite willing. I mean, I was the executive director of OHIP. I was going to be travelling to Sudbury. I offered to see him and I was shocked when I got to the meeting on December 5. After this effort I had made and the conversation, it certainly seemed like he did

not want to allow any kind of effect to his predetermined course of action.

**Mr Taman:** Were you prepared to discuss with him his circumstances in Sudbury on the 30th?

**Dr MacMillan:** I was, yes.

**Mr Taman:** And did you in fact have any discussion with him?

**Dr MacMillan:** The only discussion—it was not a discussion. I wanted to get the attention of the chairman. After two hours of speeches by doctors, the deputy was getting a little irritated that he did not get a chance to speak and I thought he might leave. I asked Dr Donahue if he would not mind indicating to the chairman, Dr de Blacam, that the ministry would like to have an opportunity to respond. I did not speak to him in a conversation.

**Mr Taman:** Have you ever discussed with Dr Donahue the circumstances of his practice as it might have impacted on the threshold that had then existed?

**Dr MacMillan:** I did in the one conversation I had on the 30th. I do not recall another conversation. I might have had another short call from him. I cannot check my records on incoming calls, again, trying to line up a time for the meeting, but I have no evidence of that. I went up on the 30th and I believe that Dr Donahue was away. Then, when I went back on the 5th for the doctors’ meeting he made no attempt to approach me and neither did I try to seek out him.

**Mr Taman:** Mr Chair, those are my questions for the public session.

**The Chair:** Thank you very much, Mr Taman. We will now commence questioning with Mr Harnick and there will be a 15-minute time allocation per caucus.

**Mr Harnick:** Doctor, I am always a little intrigued about the witness who comes back a month later and has a recollection later in time than he had earlier in time, particularly after he has had a chance to review the transcripts. Now, doctor, we know about exhibit 44, which has been discussed in these committee hearings for some time. When you saw the full document, your description was that you almost fell off your chair, correct?

1540

**Dr MacMillan:** Um, what, um—

**Mr Harnick:** That is the—

**Mr Taman:** Perhaps Mr Page could show 44 to the witness.

**Mr Harnick:** That is the so-called Teatero—

**Dr MacMillan:** Memo?

**Mr Harnick:** Memo. There is nothing really to look at. I think it is the white—

**Dr MacMillan:** Yes, I recall it.

**Mr Harnick:** When you saw that document, I believe it was in LeBlanc’s office—

**Dr MacMillan:** Yes.

**Mr Harnick:** —the first time you saw it, you indicated that you almost fell off your chair.



**Dr MacMillan:** No, your recollection is not correct. What I have testified is that I almost fell off my chair when, three weeks later, someone from the press purported to have it.

**Mr Harnick:** Well then, to put it mildly, it was a document you thought was highly inappropriate.

**Dr MacMillan:** I thought that it was far too detailed and contained sensitive information that I did not believe should get into the hands of the Minister of Health.

**Mr Harnick:** You were concerned about it?

**Dr MacMillan:** I was concerned that it had gone from OHIP to Queen's Park, to people who might not recognize the sensitivity as much as I would and my staff should.

**Mr Harnick:** Because of that, you wanted its retrieval from every source that it went out to?

**Dr MacMillan:** Yes.

**Mr Harnick:** We then have the document being returned while you were in Mr LeBlanc's office allegedly. Surely a document of that sensitivity that you were concerned about retrieving and showed up in the office would have been something you would have remembered. That is a very significant piece of information. Here is the document coming back. Somebody shows up in the office and gives it to you. You did not have any recollection of that, did you, the first time around?

**Dr MacMillan:** Yes, I did. In fact, I testified that I recalled seeing one of the memos with a lot of black lines through it.

**Mr Harnick:** But you do not recall somebody coming in and giving you that memo?

**Dr MacMillan:** I recall someone coming in and showing me the memo. I do not recall precisely taking it from his or her hand and putting it in my briefcase, as Mr Corea has testified.

**Mr Harnick:** That would have been pretty significant to remember.

**Dr MacMillan:** Well, I remember elements of it; I cannot remember everything.

**Mr Harnick:** You certainly did not remember Mr Corea?

**Dr MacMillan:** Oh, I certainly remembered him when he came—

**Mr Harnick:** When he came here and you got to see him and read his testimony. Now it all became clear to you.

**Dr MacMillan:** When I saw his face on television, I recognized him.

**Mr Harnick:** All right.

**Dr MacMillan:** I did not know his name at that time.

**Mr Harnick:** And you do not have any recollection of Mr Corea being there for the phone call?

**Dr MacMillan:** Oh yes, I do. I told you there were a number of people there. There are several hundred people in the Ministry of Health on those floors. My office is in Kingston. I do not know them all. There are many people in the communications staff, people on Dr LeBlanc's staff,

and there are people on the minister's staff. In retrospect, I certainly remember that face being there and understanding he was a member of staff.

**Mr Harnick:** You will agree with me that all of this did not become clear to you until after you had read Mr LeBlanc's evidence and seen the transcripts and watched your television set. Is that correct?

**Dr MacMillan:** Oh yes, that is correct. I did not remember that until I saw Mr Corea and his testimony.

**Mr Harnick:** In spite of how important the document was. Now, it is interesting, what you say. You told us about your discussion with the Treasurer. You indicated in that discussion you were not sure that you spoke about Dr Donahue but you were sure that you did not speak about billings.

**Dr MacMillan:** Yes.

**Mr Harnick:** I find that somewhat contradictory. You do not know whether you had a conversation about a particular subject matter but you are sure what was not discussed in that conversation.

**Dr MacMillan:** Well, I do not find it troublesome. I think I testified that I thought that I probably talked about Dr Donahue, since he was such a timely, topical feature and I had spoken on the radio and in the morning about the issue of dermatology. I would say that I know that I would not talk about detailed medical billings because I do not talk about detailed medical billings about any doctor with anyone, other than that particular physician or his designate.

**Mr Harnick:** You see, what bothers me is that throughout the last 15 days, every time we spoke to people, they had vivid recollections of all kinds of things until Dr Donahue's name was mentioned, and then everybody went fuzzy. From what you are telling me, you are pretty fuzzy about some of these things as well.

**Dr MacMillan:** Well—

**Mr Harnick:** Let me move on to one other question.

**Mr Page:** Do you want to answer that, by the way?

**Mr Harnick:** The underserviced—I think the question is rhetorical. I do not know—

**The Chair:** You asked a question, but we would like to give the opportunity—if you would like to respond?

**Dr MacMillan:** I think it is fair to say that my memory is not perfect for something that happened three months ago. I do spend a lot of time on the telephone. It is quite a special conversation to have with the Treasurer of Ontario. I do recall that clearly, but I do not recall every aspect of what I discussed with him. I have tried to do the best I can.

**Mr Harnick:** Doctor, I want to talk about the underserviced area program for a moment. One of the things that has concerned me is that there is a preoccupation, dealing with every doctor we talk about, about the fact that everything is fine because the program ends up going longer than they think or when the threshold was instituted they were on the underserviced area program so life was fine; there was no predicament that any doctor would be in. But would you agree with me that once the underserviced area



program ends, that is when the doctors are going to have the problem?

**Dr MacMillan:** That is correct.

**Mr Harnick:** And if it is delayed because of their involvement in the underserviced area program for a few months, they may get a few months' respite from it, but once it is over, the impact of the threshold is going to affect that doctor. Be it from the end of September or the end of August or the end of July, once it ends, the impact of the threshold hits that doctor?

**Dr MacMillan:** Yes, and particularly the next year.

**Mr Harnick:** Of course. So a doctor who is on the underserviced area program may very well say, "Well, I'm fine now," but would have every reason to be concerned once that program ended.

**Dr MacMillan:** Yes, and I am sure that is the very reason why even those in the underserviced area program were in the big cause.

**Mr Harnick:** So if Dr Donahue, as he came in here and told us and admitted that he was totally mistaken about the date that the underserviced area program ended for him, if it ended a few months later in time than he thought, the impact of the threshold is still going to be just as great on him come the next year.

**Dr MacMillan:** Yes.

**Mr Harnick:** Thank you, doctor.

**The Chair:** Thank you, Mr Harnick. If there are no further questions, Ms Cunningham, we will then move to the members of the government.

**Mr Kormos:** The Teatero e-mail, the one that is an exhibit here, the one that has caused so much concern, contains an accurate expression of Dr Donahue's gross billings for the previous year, does it not?

**Dr MacMillan:** Yes.

**Mr Kormos:** And those are figures—that figure is obtained from OHIP files, is it not?

**Dr MacMillan:** Yes.

**Mr Kormos:** You have read a number of newspaper accounts which purport to identify Dr Donahue's gross billings, have you not?

**Dr MacMillan:** Yes.

**Mr Kormos:** Are any of them accurate?

Interjection.

**Mr Kormos:** Thank you. Now, November 28—that is okay.

**The Chair:** Mr Kormos—

**Mr Page:** That clearly would involve having to disclose what was in the OHIP file.

**The Chair:** Yes, and I understand that Mr Kormos stopped the question.

**Mr Kormos:** Forgive me for having slipped into that.

**Mr Elston:** Peter, you made a mistake.

Interjections.

**Mrs Cunningham:** Slip of the tongue again, eh, Kormos?

**Mr Kormos:** I slipped into that.

On November 28, when you talked with Donahue on the telephone, did you know that that evening he was going to be speaking to a group including Keith Robert, or Robert Keith Harfield, a so-called consultant in Sudbury, at a group called Contax?

**Dr MacMillan:** No. I do not know anything about that.

**Mr Kormos:** You do not know Robert Keith Harfield, a so-called consultant, lives in Manitoulin, operates out of Sudbury?

**Dr MacMillan:** No, I do not know him, and in fact I have tried to find out who he is through staff and I cannot find any staff in the Sudbury office or in Kingston who know who he is.

1550

**Mr Kormos:** When you talked with Donahue on November 28, but hours before he met Mr Harfield at the Contax meeting in Sudbury, did Dr Donahue seem to have a reasonably good handle on what his financial position was?

**Dr MacMillan:** Well, in respect of Dr Donahue, he testified that the ministry made a mistake in a letter. And they did; the underserviced area program had the wrong date. That is why I said, "I think I have good news for you." I checked out the proper date and clarified it with him. That is the only discussion we had really about the issues. The billings, his billing patterns were not discussed at all. Epilation was not discussed. It was simply the impact of the threshold, how much money was OHIP going to claw back from Dr Donahue.

**Mr Kormos:** You have access to accurate records which would speak to Dr Donahue's gross billings?

**Dr MacMillan:** Yes.

**Mr Kormos:** Did you ever provide any of that information to Giselle Adams?

**Dr MacMillan:** No, I do not—

**Mr Kormos:** Giselle Adams of Sharon Murdock's office in Sudbury.

**Dr MacMillan:** I do not know that person; I had never heard the name until today.

**Mr Kormos:** Are you aware of her ever having obtained that type of information from OHIP, from you or any other source in OHIP offices?

**Dr MacMillan:** No, I cannot find any source of information on Dr Donahue's billings that seemed to get out of the ministry, other than the famous Bill Teatero memo.

**Mr Kormos:** And the stuff that has been published is so off base as to be ludi—I am sorry; I suppose that would not be a fair question either?

**The Chair:** No, I am sorry.

**Mr Kormos:** That is right. I am sorry.

**The Chair:** Are you finished, Mr Kormos?

**Mr Kormos:** Yes.

**The Chair:** Mr Mills.

**Mr Mills:** A brief question, Mr Chair. Thank you very much, Dr MacMillan. I can remember very plainly the day that Dr Hollingsworth testified. He spoke rather vividly of this document on your lap with "Hollingsworth" on it and "Confidential" on it. He said, among other things, that you seemed to know everything about him. You knew his date of birth, his telephone number. Then, when I questioned him about it, he said that that was his Irish wit, that it was not true. So I am just suggesting to you, sir, the perception of the document on his lap with "Confidential" and "Hollingsworth," maybe you think that was Irish wit too?

**Dr MacMillan:** Well, Mr Mills, I believe that the issue and the evidence about his date of birth and so on was evidence between—relating to the Martel meeting. I do not think it related to the meeting in Sudbury where I was present. All I can say is that I believe his evidence was secondhand, from a Dr Lord who was sitting behind him. All I can say is, there was absolutely no file whatsoever on Dr Hollingsworth. I had never met the man, I was not interested in the man, I had no knowledge of him being in my list of physicians I knew were going to be affected, and so why would I bother with a Dr Hollingsworth?

**Mr Mills:** Thank you very much, doctor. Mr Chair, to correct that, I know that this was another incident, but I would just like to go on the record to say that I can understand how Dr MacMillan was annoyed about the seeming untruths that Dr Hollingsworth spoke of a certain—

**The Chair:** Thank you very much.

**Mr Elston:** Why are you saying that?

**Mr Mills:** But he calls that Irish wit.

**The Chair:** Mr Mills, excuse me, please. This part of the hearing is made for questions to the witness. Mr Hope.

**Mr Elston:** Is there some reaction to people of Irish descent that you find offensive?

**Mr Mills:** No, I am saying that lying is Irish wit.

**The Chair:** Order, please.

**Mr Harnick:** A point of order, Mr Chair.

**The Chair:** I am sorry—

**Mr Harnick:** A point of order, Mr Chair.

**The Chair:** There is a point of order by Mr Harnick.

**Mr Harnick:** Mr Chairman, I find it a very difficult thing to see a witness who appeared here branded as a person who has not told the truth, and I think that is what Mr Mills just did. I say this with respect, but the doctor is not here to defend himself, and to make that comment on television—and this is being televised—about a doctor and characterizing him the way that you have I think is highly improper for someone on this committee to do.

Now, we are going to weigh the evidence and we are going to write a final report, but to say about the doctor what you just said I find highly improper and I just, as a member of this committee, want to dissociate myself from that comment. I think that is a very, very serious item. I think that surely I would ask the Chair to consider what was just said and surely Mr Mills might want to reconsider whether he wants to withdraw that comment.

**The Chair:** Mr Harnick, I have heard your point. I would like to give Mr Mills an opportunity to reflect on what you have said.

**Mr Mills:** If I have offended anyone, I withdraw that.

**The Chair:** Thank you very much.

**Mr Hope:** It is okay now?

**The Chair:** Mr Hope.

**Mr Hope:** Gee, thanks. I was just waiting for some other interruptions. Dr MacMillan, I want to reflect back on your conversation on November 30.

**Mr Elston:** There have been no lessons learned in this committee.

**The Chair:** Mr Elston, please.

**Mr Elston:** Oh, I thought it was my turn.

**Mr Hope:** On November 30 you had a conversation with Dr Donahue, you said, or on the 28th you had a conversation?

**Dr MacMillan:** On the 28th I phoned him from Kingston.

**Mr Hope:** He sounded happy about the news you had to share with him?

**Dr MacMillan:** Yes.

**Mr Hope:** He did? Do you use your title as director of OHIP—

**Dr MacMillan:** Executive director of the health insurance division.

**Mr Hope:** Okay, well, whatever. That long title, do you use it to bully people?

**Dr MacMillan:** No, I hope not.

**Mr Hope:** Did it seem in that conversation on November 28 with Dr Donahue that he trusted you?

**Dr MacMillan:** Yes. I phoned him to give him good news and to hopefully relieve his concerns about his fiscal position; that was the only motive. Also I had, by that time, phoned Dr Killiam de Blacam to offer myself to go to Sudbury and meet with some members of the medical society because of the anxiety and the concern about how the threshold was going to impact on health care in the north.

**Mr Hope:** Did you know what Dr Donahue looked like before December 5?

**Dr MacMillan:** I do not believe so, unless I saw some press clipping with his picture. I know he was on the front page of the newspaper when I got there on the evening of, I believe, November 29.

**Mr Hope:** Okay. You did meet him on December 5 at the meeting with the doctors?

**Dr MacMillan:** I recognized him. I do not believe I was formally introduced to him.

**Mr Hope:** Now, on Saturday you went to a conference? That is the following Saturday, December 6 it would be.

**Dr MacMillan:** That was Friday; Thursday was December 5.

**Mr Hope:** Okay, Thursday the 5th; the 6th is Friday. Yes.



**Dr MacMillan:** Yes.

**Mr Hope:** The Friday you went to the conference?

**Dr MacMillan:** Yes. I was giving a talk at it.

**Mr Hope:** Were there quite a few doctors there at that conference?

**Dr MacMillan:** Most were not doctors, but there were a number of doctors there, yes.

**Mr Hope:** Okay, good enough.

**Mr Christopherson:** Dr MacMillan, is it fair to assume that anybody who had direct access to the confidential OHIP files and used information on the gross billings of Dr Donahue would have the accurate figures?

**Dr MacMillan:** Yes.

**Mr Christopherson:** In other words, if you were to talk about his billings, since you have obvious access to the files, it is a fair assumption that you would be using an accurate figure?

**Dr MacMillan:** Yes.

**Mr Christopherson:** You have already testified that the Teatero memo, exhibit 44, contains the accurate billings, as you know them.

**Dr MacMillan:** Yes.

**Mr Christopherson:** Is it fair to assume that anyone who had access to the Teatero memo or was briefed by someone who had access to that memo would indeed be using accurate information, the accurate gross billings figure?

**Dr MacMillan:** It is possible, in which case I would really believe that it came directly from OHIP or from the OHIP computer or the doctor. But people tend to round out figures as well. So one could expect that one might not take it right down to the last cent, but round it out to the nearest thousand or nearest ten thousand.

**Mr Christopherson:** Okay, but if accuracy was important in the use of the figure, for whatever reason, believability, credibility; if it was important that you got it right, my question is, and I hope it is very clear and very focused, if I had access, which I have now had, to the Teatero memo, exhibit 44, and I wanted to go out and talk to somebody with some sense of wanting them to feel that I know what I am talking about, it is fair to assume that I would use the number that is in there, and in doing that I would be giving the accurate number?

**Dr MacMillan:** Yes.

**Mr Christopherson:** Is it fair, if I am dealing with capable, competent people who are looking at that and then briefing me, that I would use the accurate figure, if I had it?

**Dr MacMillan:** I would think, yes.

**Mr Christopherson:** Thank you.

1600

**Mr Conway:** Dr MacMillan, I want to pick up on that point that my colleague from Hamilton has just mentioned. You said something that really struck me about exhibit 44: that if someone used that, it would be your best guess that the individual would have to have had that directly out of OHIP.

**Dr MacMillan:** Maybe I should not have used the word "directly."

**Mr Conway:** Let me put my further question to you.

**Dr MacMillan:** I meant to say the only two places where I think that detailed information would normally be would be with us, producing the cheque, or the receiver of the cheque.

**Mr Conway:** Fair ball. That is the whole reason for your concern around exhibit 44, that you knew that. You know now and you knew then, as of November 14, that exhibit 44, the full version of which this committee has seen in camera, went to places that caused you some concern. In fact, a political staffer to the Minister of Health brought, in his own person, a copy of that back to you, so it is possible that a person in that position might have accessed the information, since that person, by admitted testimony, walked a few floors with exhibit 44 in hand, which would have told that person that number.

**Dr MacMillan:** I agree. I think it is possible that anybody in Kingston or Toronto who had it in his hand could have released that number.

**Mr Conway:** I appreciate that. I am not saying it did happen, but I am just simply saying it could have happened, because we know that one of the people who had his hot little hands on exhibit 44 was Larry Corea, political assistant to Frances Lankin, and he very helpfully brought that back to Dr LeBlanc's office on request. He had the opportunity to at least access the information that was contained in the Teatero memorandum; that much we can certainly say.

**Dr MacMillan:** Yes.

**Mr Conway:** All right. Now I want to come back to one of the aspects that continues to trouble me a great deal, and that is the answer Ms Lankin gave, quite a declaratory answer, to Mr Harris in the Legislature on December 9. I do not know what the exhibit number is, and perhaps I could be helped. I have it in front of me unmarked.

Since you were here last we have had a number of people, not the least of those witnesses being Ms Lankin herself, who I thought made a very compelling argument about the very difficult and disadvantaged position in which she found herself as she gave that answer. I have not had a chance to look at all of your previous testimony, but I repeat, I am deeply troubled by this aspect of these hearings, because Ms Lankin, someone for whom I have a very high regard, told this committee—let me put it this way. She told the Legislature in a way that I believe she had every reason to believe was the case as she knew it, quoting Ms Lankin from Hansard of December 9 in response to the question from Mr Harris, "I have very specifically asked and received assurances from my deputy minister, who has heard directly from the director of OHIP, that no confidential information with respect to doctors' files and their billings and their incomes has been shared with anyone outside the OHIP department."

Now I have to tell you that I was left deeply troubled by what Mr Decter said to this committee, and I regret to tell you, Dr MacMillan, that I am troubled by what you have said, particularly in this chain of events. So I want to



give you an opportunity to tell me again exactly your version of how Ms Lankin could have given that answer that so clearly implicates you in, as we now know, not a particularly favourable light.

**Dr MacMillan:** First of all, I do not share that. I am not the director of OHIP; I am the executive director of the health insurance division, which is a component of OHIP. The general manager and head of OHIP at the time was Dr Dave McNaughton.

Now I have looked at this comment as well and I have been concerned about it too, and I believe I had told you—in fact it was in response, I believe, to Mr Harnick that I said I may have misled the government at that time.

Several observations: Number one, and I heard Tiina Jarvalt's testimony in which she believes that she phoned me and gave in evidence, and I think it is an exhibit, a document that I prepared on the 10th, the following day, to describe how I had been challenged at the December 6 meeting, how I had told the deputy and I had told the minister's office and I had told Ms Martel's office.

And then on Monday, if I were asked, it is extremely important for the committee to remember at that time, on the 9th and 10th, there was no knowledge of the Teatero memo being on the street, or its contents. It was one of life's minor crises, along with 10 others probably that day, three weeks earlier, and my only concern at that time had been to save that information from the minister. I did not know we had a rat in the ministry. I did not know someone would take that out and give it to the press. In retrospect, I guess, the worst thing happened; it went out, or its contents went out, and somebody clearly has acted improperly.

If I were asked at that time, not knowing that that memo, which was probably back in the back of my mind, I would have answered: "Things are tight as far as I know. I do not know of any kind of information that got out." Now, out of the OHIP department, if the minister said that, that clearly would not have been consistent with what I had told the deputy or Tiina Jarvalt. I would have said, "I don't know of anything, sir. I don't know of anything that has gone out of OHIP that would result in Minister Martel making these charges to someone."

I do not remember being asked about it. I could have been. The deputy testified, I believe, that he does not remember asking me. I am not the director of OHIP, and therefore if Pat Malcolmson, the head of the claims payment agency, which is in charge of the Sudbury office and other parts in the Ministry of Health in Kingston, were asked, I do not know. If the general manager of OHIP, Dave McNaughton, was asked, I do not know. I do not remember. I did not give reassurances that I can recall.

**Mr Conway:** My difficulty, you see, and I continue, I tell you, to find your reaction on the morning of November 14 is entirely credible. I think your behaviour after the Dodds outburst at the Royal York on the morning of December 6 is equally very credible. And then I begin to get lost.

I cannot imagine, and I am angry, as a member of the Legislature—and I do not know who to be angry with or at, but I have to tell you that the deputy minister and the executive director of OHIP are on my anger list, and I

want you to tell me why I should take you off the list, because you have been dealing with this file, you know it fairly well, it has been one royal pain in the neck from the middle of November onwards for both you and the deputy, to say nothing of the cabinet ministers.

There may have been other pains in the neck, but this one—and I have watched your earlier testimony this afternoon, and again I find it very understandable. You are running a department where you have just lost a minister, and after four or five or whatever it is, three or four weeks in November, and particularly after that outburst by Mrs Dodds, I cannot believe that you—that all lights did not go off. Whether or not it involved the Teatero memorandum directly is a side point, although it is not very much of a side point.

When the minister would make these assurances—and maybe it is the deputy who has to bear the responsibility, but someone has got to bear some responsibility. I just have too much respect for your intelligence and your experience to imagine that you would not have conveyed the concern, if nothing else, of the morning of November the 14th to someone in very high places so that that kind of an answer that she gave could not possibly have been given.

1610

**Dr MacMillan:** Well, it was on the morning of the 6th that I started thinking a lot about this. I mean, someone got up and said that Shelley Martel had seen Dr Donahue's file. I mean, I knew that from the moment Mrs Dodds challenged me that that was the story, and of course I thought and I talked and I searched and I phoned Sudbury, "Has anybody given any file to Shelley Martel?" I made those inquiries. Nobody had to ask me. I cannot recall being asked, but I would have given the answer that I was certain in my mind, from doing my research, that nothing had got out.

I did not know that the information, passed up and modified and eventually got to the minister in a proper way, was on the street. I knew on the 10th at 5 o'clock; I knew from what Anne Dawson said on the telephone. So if I am remiss, it is in why did I not think of that. I fault myself, I guess, for not thinking of it, because had I recalled it, I would have thought, "Gee, I wonder whether that got out."

But certainly the Sudbury district office has files on the physician; our office has files on the physician. We are like a bank. You go into the bank and they can call up Sean Conway and they find out your balance and when you made a withdrawal. We are like a bank. We have 1,200 employees in the Ministry of Health who can find out Dr Donahue's figures.

**Mr Conway:** I know that, but I take you back to November 14. You are rightly concerned about two things: political staff have got this bloody memo and people down in the communications branch have either got it—you believe they have it by this point, I am sure you do.

**Dr MacMillan:** Yes.

**Mr Conway:** I think you said that.

**Dr MacMillan:** Yes.



**Mr Conway:** You are a veteran around here. That has got to make Bob MacMillan think, "Oh, God, get it back." Your first impulse is the right one, but later on, it never crosses your mind that there might be a leak out of either one of those places. It just does not cross your mind.

**Dr MacMillan:** No, it does not.

**Mr Conway:** Did you ever talk to Sue Colley at any point between November, say, 14 and December 6 or 7 on that particular matter?

**Dr MacMillan:** No. If it had crossed my mind, I would have put on my old coroner's hat. I would have gone out and investigated and I would have found out, "Gee, did I get every copy?" I just did not think of that.

**Mr Conway:** All right, fair ball.

**Dr MacMillan:** It was three weeks earlier and I just did not remember it and nobody mentioned it to me, reminded me of it.

**Mr Conway:** That does not sound like the Bob MacMillan I know, but I have got to believe what you tell me.

I want to quickly touch on a couple of other things. Again, I have an unmarked copy of an exhibit and I quickly want to refer to it. Nuala Doherty, on October 31, 1991, has a memo. I do not know the number, but just hear me out very briefly. She is the constituency assistant to the minister of finance, Mr Laughren. I was struck at the bottom of that October 31, 1991, memo from Nuala Doherty to the Treasurer, Mr Laughren, about the Donahue matter. At the bottom it simply says "Present Appeal." Now, this is October 31. "Present Appeal" is the title. "Dr Donahue's financial statements have been sent to the joint management committee." We have had some other evidence to suggest—I think it was Dr Graham from North Bay who had some memory of the matter—Dr Donahue's financial statements, says this memo, going to the joint management committee. Do you have any recall on that?

**The Chair:** That was exhibit 91.

**Dr MacMillan:** I have heard this conversation before and I have thought about it and discussed it with others. I believe there are usually about 15 people at the joint management committee. All the sessions are open to everybody. There are no behind-the-scenes discussions. I recall of course, vividly, the numerous discussions about the threshold and what we might do about it and the negative impact on certain areas in the north. I believe, although it is a long time ago, Dr Donahue, who had become high profile at that time, was discussed. I can absolutely say there were no files of any kind on Dr Donahue. I am absolutely certain of that. There were no figures mentioned. I would have been appalled. I would have been shocked. I would have told the deputy to keep quiet or something. I am certain of that.

**Mr Conway:** But it is possible that the Donahue matter in some fashion was discussed by the joint management committee?

**Dr MacMillan:** Yes.

**Mr Conway:** I have got a very few moments left and I want to quickly touch on one or two other matters. Ms Murdock, in her testimony to this committee—Ms Murdock

being the member of Parliament provincially for Sudbury city—talked about the breakfast conversation that you talked about in your testimony. I just wanted to be sure. Ms Murdock indicated you had been very helpful in explaining to her the medical review process that is contained within the college of physicians' mechanism. You remember that conversation?

**Dr MacMillan:** I have noted that she had said that. I did not give evidence of that topic being discussed. In listening to her, I have to surmise that I did discuss it with her, but I do not recall it. A lot of people ask me about what happens when doctors' billings are a concern to OHIP.

**Mr Conway:** But it could very well have. She testified to it, so you are not saying it did not happen.

**Dr MacMillan:** No, no, it could very well be I briefly explained the process.

**Mr Conway:** Finally, because I am almost out of time, I want you to very quickly take me through again what you did from the time that Mrs Dodds made her speech down at the Royal York through to early the next week, probably Monday or Tuesday. I am talking now about the events from Friday morning, December 6, through to probably Tuesday, December 10, and quickly. I do not expect a complete recitation. I am particularly anxious to know to whom you talked about the Dodds outburst.

**Dr MacMillan:** Oh, okay. I had just given a talk on confidentiality and I had been on a panel and there were a number of questions and Mrs Dodds got up, posed the question and I gave the response; you have seen it in the transcript. I at lunch was looking for a place to sit down and I sat down beside the registrar of the College of Physicians and Surgeons and on my right was Bob Elgie, who had come up from the east. The registrar turned to me and said, "Oh, have you met Mrs Dodds?" I said, "Yes, I've met Mrs Dodds." I sat down and had lunch. We had a general conversation.

In the afternoon I went to give a talk at a conference on the health card and I got thinking about this and worrying about this and I went and phoned—and I cannot remember in which order—the deputy's office, the minister's office, Mr Howard, and I phoned a MaryLou at Miss Martel's office, simply stated what had happened and thought that I had told the people I should tell about it, and I believed that was not the end of it, just asking me. I spent the weekend at home, as I recall. I do not recall talking to anyone about the matter, and I was not, frankly, very surprised when I heard that it was into the political arena on Monday.

I think I heard what went on in question period and immediately we began to look at how tight our shop was, the issue of any leakage of information out of OHIP. We will give evidence later as to what steps we took in order to try to ensure that we were as tight as we could be sure we were. We prepared several briefing notes which you have seen and which are in evidence, and that took us through to the call on the 10th at 5 o'clock or 5:20. I was in a meeting with people. People saw my shock at what Anne Dawson said—we discussed it after—about the propriety of



my response, which I am still wondering about. And the next morning, on the way to work—oh, I informed Toronto about the revelation. In fact, I phoned Mr Howard, who had also received a call by that time.

The next morning is Wednesday the 11th. Not surprisingly the minister requested my presence in Toronto and I met with her, as she has described, in the meeting at noon and I gave them a summary that I had written on the plane as to the sequence of events since Friday.

**Mr Conway:** Thank you.

**The Chair:** Thank you, Mr Conway. Time has expired. Prior to moving into in camera, I am advised counsel, Mr Taman, would like to ask a further question.

**Mr Taman:** If you cast your mind to the meeting of the 6th and the interchange you had with Mrs Dodds, was Mr Decter there at that point?

**Dr MacMillan:** No. Mr Decter was late, as I was, getting in from Sudbury on the plane. Mr Timbrell was speaking behind him but Mr Timbrell went first, giving the opening presentation. Mr Decter gave his. I think Mr Decter had been gone at least an hour or more at the time when Mrs Dodds came to the microphone and posed her questions. He knew nothing about it until I informed his office.

**Mr Taman:** Thank you.

**The Chair:** Thank you very much. We will now adjourn and recess for 15 minutes to move into an in camera session with both Dr MacMillan and also Mary Fleming. We stand adjourned until 4:30.

The committee continued in closed session at 1630.

The committee continued in open session at 2043.

#### NUALA DOHERTY

**The Chair:** We will call the evening session of the Legislative Assembly committee to order. With us is Ms Nuala Doherty, who is the constituency liaison in the office of the Honourable Floyd Laughren. Good evening. Ms Doherty, it has been the custom of this committee that prior to questioning taking place an oath is administered. I would invite the clerk of this committee to administer the oath at this time.

Nuala Doherty, affirmed.

**The Chair:** Thank you. Ms Doherty, again, as is the custom of the committee, a warning has been issued to all persons who have come before the committee, and that is, in the event that you are asked a question which you cannot properly answer without divulging confidential information, then could you or your counsel advise this committee. If that information cannot be provided without divulging information of a confidential nature, then the matter may be addressed by this committee in an in camera session. For Hansard purposes, I would now ask if you could introduce your counsel to this committee.

**Ms Doherty:** This is Charles Campbell.

**The Chair:** Good evening, sir. The procedure of the committee is that counsel to the committee, Mr Taman, will commence questioning. At the end of that series of questions, then there will be a rotation from caucus to caucus. Having said that, I would invite Mr Taman to commence.

**Mr Taman:** Ms Doherty, Mr Campbell, good evening. Ms Doherty, as the Chair said a moment ago, you are the constituency liaison officer in Mr Laughren's office.

**Ms Doherty:** Yes.

**Mr Taman:** I understand that you work out of his Toronto minister's office?

**Ms Doherty:** Yes.

**Mr Taman:** You have held that position since January 1991?

**Ms Doherty:** Yes.

**Mr Taman:** Before that you worked at the Working Women Community Centre.

**Ms Doherty:** Yes.

**Mr Taman:** And you have also, in the recent past, been an employee at the Centre for Spanish Speaking Peoples?

**Ms Doherty:** Yes.

**Mr Taman:** And I understand that, as it happens, you are from Sudbury?

**Ms Doherty:** Originally.

**Mr Taman:** Originally, and by coincidence your father is a doctor in Sudbury.

**Ms Doherty:** Was, yes.

**Mr Taman:** Now, I understand that your first substantial contact with the issue of the thresholds came when your office received a copy of a letter which was circulated by Dr Donahue on about the 24th of October.

**Ms Doherty:** Yes.

**Mr Taman:** I have a copy of that letter that you gave me, and if you would look with me at exhibit 101, if Mr Campbell would help you find it, we have at exhibit 101 an example of this letter that was in fact addressed to Ms Martel.

**Ms Doherty:** I did not receive that letter.

**Mr Taman:** No, I understand that. What I am asking you to do is tell me whether or not you received what appears to you to be the copy of that letter that was destined for Mr Laughren.

**Ms Doherty:** Yes.

**Mr Taman:** I think because yours is different, we should mark it as the next exhibit and we will circulate copies.

**The Chair:** We are now going to be making copies and then it will be marked as—

**Mr Taman:** I think it is 122.

**The Chair:** Yes, it will be marked as exhibit 122. We are now going to be endeavouring to make copies and distribute it to the committee.

**Mr Taman:** It is the same letter as one that was already circulated to committee, seeing that this is just Mr Laughren's copy. The copy that you gave me earlier on did not have the second page of the bit at the end dealing with cost savings through local service.

**Ms Doherty:** Mm-hmm.



**Mr Taman:** Do I take it that you got the letter without that second page?

**Ms Doherty:** No. I think it came off at a later date.

**Mr Taman:** All right. So we will mark that then as exhibit 122.

What did you know, if anything, about thresholds or Dr Donahue on the 24th of October, when you got that letter?

**Ms Doherty:** I knew very little. I only knew from dealing with Dr Abdulla's letter in June of 1991.

**Mr Taman:** And that had been your very first contact?

**Ms Doherty:** My very first contact, yes. But no, I had never had any contact with Dr Donahue.

**Mr Taman:** And was this really the first you had heard of Dr Donahue?

**Ms Doherty:** Yes.

**Mr Taman:** All right. Now, I understand that around the 31st of October, you spoke to Dr Donahue?

**Ms Doherty:** Yes.

**Mr Taman:** And how did that come about, Ms Doherty?

**Ms Doherty:** I had a meeting with Floyd Laughren on the 31st, and in that meeting I told him that Tom Davies, the regional chair of Sudbury, would like to speak to him about Dr Donahue's situation, and I told him that we had received a letter from Dr Donahue. So we called up Mr Davies and Mr Davies summarized Dr Donahue's situation. He said that he would like Floyd to speak to Frances Lankin about Dr Donahue's situation and said that Dr Donahue was—his concerns were very legitimate and that he was very open about his financial situation, that he was in debt. So after that meeting, or that conference call, I called Dr Donahue and I spoke to him about his concerns.

**Mr Taman:** And what did you and Dr Donahue discuss?

**Ms Doherty:** He said he was in debt and—I am just wondering if this is confidential information that I should—

**Mr Taman:** Well, I think that—

**The Chair:** Okay, um—

**Ms Doherty:** The numbers I could just not say.

**The Chair:** Again, if you cannot provide a response which does not entail divulging confidential information, or what you think might be confidential information, could you please advise this committee and the matter could be addressed in camera.

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**Mr Taman:** You talked to him about his debt situation?

**Ms Doherty:** Yes, he told me how far in debt he was. He told me how much he paid his nurses, how many staff he had, how much he paid out in wages per year. He said that he was the only full-time dermatologist in northeastern Ontario. He gave the parameters of the northeast that he served. What else? He said a lot, that he earned less than a general practitioner and that southern dermatologists tended to deal with—well, they dealt with serious cases but also not-so-serious dermatological conditions, but be-

cause he served such a large population, he saw only very serious dermatology problems.

**Mr Taman:** So as at the 31st of October, would it be right to say that your information base about Dr Donahue was basically drawn from the letter of the 24th, from your conversation with Mr Davies and from your conversation with Dr Donahue?

**Ms Doherty:** Yes.

**Mr Taman:** You took that information base and you prepared a briefing note for the Treasurer on the 31st of October?

**Ms Doherty:** Yes.

**Mr Taman:** Is that the briefing note that has already been put into evidence as exhibit 91?

**Ms Doherty:** Yes.

**Mr Taman:** If you just quickly review that briefing note with me, it indicates under the topic of "Situation" that, "Dr Donahue services a large area"; it indicates that the "population is approx 400,000"; that he has "14 staff: 6 full-time RNs at \$35K/year; he pays \$450,000 in wages," and so on and so forth, along the lines of what you have earlier told us.

**Ms Doherty:** Yes.

**Mr Taman:** If you skip to the very bottom of it, there is a topic "Present Appeal" and it says under that topic, "Dr Donahue's financial statements have been sent to the joint management committee." Where did you get that information, Ms Doherty?

**Ms Doherty:** I believe either from Tom Davies or Dr Donahue himself.

**Mr Taman:** In your phone conversation with him?

**Ms Doherty:** Yes. I have a note in my rough notes on my conversation with Dr Donahue and there is an indication of the joint management committee appeal.

**Mr Taman:** Did you send this memorandum to anyone else at about the time you made it, apart from the Treasurer?

**Ms Doherty:** Yes, I believe I sent it to Larry Corea.

**Mr Taman:** Why did you do that?

**Ms Doherty:** Just to make sure that Larry had a synopsis of what, you know, this doctor's position was. I had spoken to Larry the day before and I had been talking to him about the letter I had received from Dr Donahue, and so the following day I sent him this note.

**Mr Taman:** So just that I understand, why had you been talking to Mr Corea?

**Ms Doherty:** So that he could look into the situation and find some resolution to it.

**Mr Taman:** What did you expect him to do?

**Ms Doherty:** Well, I was concerned that Dr Donahue was going to leave Sudbury. He said that he would be leaving in two weeks and that Sudbury would be without a dermatologist. I wanted to find some kind of solution to this problem.

**Mr Taman:** We know that on or about the 12th, Mr Corea sent a memo inside the ministry. Let me ask you,

between the 31st of October and the 12th of November, was there any action on this file at your end?

**Ms Doherty:** No, I was away.

**Mr Taman:** You were away for part of that time, I understand.

**Ms Doherty:** Yes.

**Mr Taman:** So what was the state of the play when you came back from your vacation?

**Ms Doherty:** Well, I was not sure if there had been much action from Health yet, so I called Larry on the 12th. I spoke to Floyd actually and asked him if he had spoken to Frances Lankin. He said that he had not, that he had not seen her, so I asked him if he could speak to her. Then I called Larry to find out if we had a response yet from the ministry and he said that he would look into it.

**Mr Taman:** Did he get back to you to tell you whether or not there had been a response?

**Ms Doherty:** I do not think so; no, I do not—we had trouble getting hold of each other by telephone.

**Mr Taman:** Did you know by this stage that there was a meeting on the 15th in Sudbury?

**Ms Doherty:** Yes.

**Mr Taman:** And was it part of your responsibility to get the Treasurer briefed for that meeting?

**Ms Doherty:** Yes. It was the day that Dr Donahue had planned to close his practice, and that was the day that Shelley Martel and Floyd were going to meet with Dr Donahue and a cardiologist in Sudbury.

**Mr Taman:** So do I understand that that was another reason why you were anxious to get information from Mr Corea?

**Ms Doherty:** Yes, I wanted to prepare for—

**Mr Taman:** And you were not actually getting all that much satisfaction as of the 12th or so.

**Ms Doherty:** No.

**Mr Taman:** All right. Do I understand that, partly at least in consequence of that, you and Mr Laughren's executive assistant, Betty Notar, agreed that a memorandum should be sent directly from her to Sue Colley?

**Ms Doherty:** Yes.

**Mr Taman:** Will you look with me at exhibit 49, if Mr Campbell will give you a hand? Ms Doherty, is that the memorandum that Betty Notar sent to Sue Colley?

**Ms Doherty:** Yes.

**Mr Taman:** And what was the purpose of sending that memorandum?

**Ms Doherty:** I drafted the memo for Betty's signature, and the purpose was to get a response from the Ministry of Health. I wanted to prepare Floyd for the meeting, and I was also very concerned that Dr Donahue was going to leave Sudbury Friday, and there were many constituents who were very upset about this as well. So my purpose was to find out whether Dr Donahue really was going to leave Sudbury or not, and whether or not we had a political response to this issue, meaning, if he left, how would we provide dermatology services in Sudbury? Was there

some sort of interim solution that could be found? So that is what I was looking for.

**Mr Taman:** And you were anxious to have this information quickly because you were told both that he is closing his clinics on Friday and that the Treasurer has to participate in a public forum on Friday.

**Ms Doherty:** Yes.

**Mr Taman:** If you look just quickly at the memorandum with me, you say in the second paragraph in the second line, "We would like to request briefing notes on Dr Donahue's actual position." What did you have in mind when you drafted the words "actual position"?

**Ms Doherty:** Well, I was not really sure at that point on the 13th whether or not Dr Donahue was staying in or leaving Sudbury. He told me that he would be leaving Sudbury on the 15th and he would close his practice and move to Colorado. On the 12th, when I returned to work from being away, I read an interview he did on MCTV where he talks about opening up The Doctor's Studio after the 15th of November, so it seemed to me that he was planning to stay in Sudbury. There was some conflicting information there. I wanted to know whether he was staying or going.

**Mr Taman:** And if you carry on with that sentence, you say "and a political response from the Ministry of Health." What were you looking for there?

**Ms Doherty:** Well, I wanted to know how we would deal with the situation if he left, how would we provide dermatology services in Sudbury if there was a problem there, and if there is a problem with the threshold, how would we deal with that?

**Mr Taman:** The committee has heard that in response to your efforts to get information Mr Corea actually sought some information from Dr LeBlanc. If you look with me at exhibit 28, this is a memorandum on the 12th of November from Mr Corea to Dr LeBlanc and others. Have you ever seen this memorandum before?

**Ms Doherty:** Yes, I have a copy of it.

**Mr Taman:** When did you get your copy?

**Ms Doherty:** I actually was trying to remember this, but I do not actually remember receiving it, but it probably was received on the 14th or 15th.

**Mr Taman:** In any event, in or about the time it was made.

**Ms Doherty:** Yes.

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**Mr Taman:** We also know that in apparent response to the memorandum you drafted for Ms Notar, Ms Lankin's EA, Susan Colley, wrote to the deputy to try to jolly things along. That memorandum is found at exhibit 29. Have you seen that before?

**Ms Doherty:** I have, yes.

**Mr Taman:** Again, do you expect you saw that in or about the time it was sent?

**Ms Doherty:** Yes.

**Mr Taman:** What was the next thing that happened in your dealing with this file, Ms Doherty?



**Ms Doherty:** Well, I think on about the 13th of November, I decided to try to get more information on the underserved area program. I had found out from Larry by phone that Dr Donahue had been on the underserved area program until the end of August, which meant that his billings would have started at zero.

**Mr Taman:** When did you find that out?

**Ms Doherty:** I think the 13th.

**Mr Taman:** And what did you take from that?

**Ms Doherty:** That he had billed \$400,000 between September 1 and November 15.

**Mr Taman:** That is to say that if he was in fact over the threshold—

**Ms Doherty:** November 15, yes.

**Mr Taman:** —on the 15th of November, then given his underserved area program status, the clock does not start ticking until September 1. You thought the amount must have been earned during that interim?

**Ms Doherty:** That is right.

**Mr Taman:** Did you have any other conversation with Mr Corea on the 13th or so?

**Ms Doherty:** No, I think that is about it.

**Mr Taman:** I understand that after talking to Mr Corea, you tried to learn more about the underserved area program?

**Ms Doherty:** That is right.

**Mr Taman:** What did you do?

**Ms Doherty:** I called the Ministry of Health and spoke to Tariq Asmi. He told me about, in general terms, how the program worked. He told me that I should meet with Dr Claire Brunet, and I did. I walked over to the Hepburn building and I spoke to Dr Brunet.

**Mr Taman:** Who is Tariq Asmi?

**Ms Doherty:** His job title I do not know.

**Mr Taman:** He is an official in the underserved area program?

**Ms Doherty:** He works in the underserved area program.

**Mr Taman:** Did he seem to be aware of Dr Donahue?

**Ms Doherty:** Yes.

**Mr Taman:** Did you and he discuss Dr Donahue at all?

**Ms Doherty:** Yes.

**Mr Taman:** What was your conversation?

**Ms Doherty:** If I could just refer to my notes on this. I took notes of our conversation; I would just like to refer to them. He said that the purpose of it was to provide more equitable service in underserved areas and there they were tax-free financial incentives to encourage doctors to establish full-time practices in certain areas. He told me that there were bursaries and a northern travelling specialist program. He talked a bit about Dr Donahue and said that the fee for service, that he was using it to support his staff of 14 and that was an inappropriate use of fee for service, that perhaps there were other ways of funding such a large practice.

**Mr Taman:** What did you take him to mean when he said that it was an inappropriate way of running such a large practice?

**Ms Doherty:** I thought there may be other programs within the Ministry of Health that perhaps Dr Donahue should be using.

**Mr Taman:** And did you have any idea of what they might be?

**Ms Doherty:** No.

**Mr Taman:** And did you have any other conversation with Tariq Asmi?

**Ms Doherty:** No, I did not.

**Mr Taman:** Did you at any point talk to Dr Brunet?

**Ms Doherty:** Yes.

**Mr Taman:** Who is Dr Brunet?

**Ms Doherty:** She is senior to Tariq Asmi in the underserved area program. She told me about dermatology services in the north, and she was discussing the relative nature between dermatology and perhaps cardiology or surgery. She said that when a dermatologist goes on holidays, they do not replace that dermatologist; that when a surgeon goes on holidays, they do, so surgery is more critical to a community than dermatology is; that dermatologists typically have a low overhead and better working hours than other doctors; that she had worked in Timmins as a GP and that they had a fly-in doctor at one time per month and that was sufficient for the needs of the community; that what a dermatologist can do is diagnose the skin disease and the follow-up treatment can be continued by a general practitioner.

**Mr Taman:** Did she also give you a copy—if you will turn to exhibit 8—of a document summarizing the underserved area program? It is about halfway back in exhibit 8, which is actually a bundle of documents.

**Ms Doherty:** I do not see it; oh, here it is.

**Mr Taman:** Have you got it?

**Ms Doherty:** Okay.

**Mr Taman:** So I am looking at a document that is entitled, "Summary of Components," and the first heading is "History" and then "Activities."

**Ms Doherty:** Yes.

**Mr Taman:** And you received your copy of that document from Dr Brunet?

**Ms Doherty:** That is right.

**Mr Taman:** And that would be on about the 13th of November?

**Ms Doherty:** Yes.

**Mr Taman:** Did you have any other conversation about this matter with Dr Brunet?

**Ms Doherty:** She had listened to French CBC radio that morning and told me that she had heard Dr Donahue discussing his situation and she said that it was an important test case.

**Mr Taman:** And she said what, I am sorry?

**Ms Doherty:** Actually she may not have said this. Perhaps Tariq Asmi said that it was an important test case.

**Mr Taman:** And what did you take from that?

**Ms Doherty:** That the whole threshold policy was—whether or not we were going to be giving exemptions—being tested with this case.

**Mr Taman:** So that Dr Donahue was the case, it was put to you, that would test the operation of the thresholds in the underserved area program?

**Ms Doherty:** Yes.

**Mr Taman:** All right.

**Ms Doherty:** Well, for all doctors who wanted exemptions.

**Mr Taman:** I understand that you continued to look for information by talking to Ms McArthur at the Ministry of Health.

**Ms Doherty:** Yes.

**Mr Taman:** Who is she?

**Ms Doherty:** She is, I think, I believe, the executive assistant to Eugene LeBlanc. I spoke to Diane McArthur to find out if the joint management committee had met, because I understood that they were to deal with Dr Donahue's concerns.

**Mr Taman:** And where did you understand that from?

**Ms Doherty:** Larry Corea told me that the joint management committee was dealing with this issue.

**Mr Taman:** And did he tell you specifically that they were dealing with Dr Donahue?

**Ms Doherty:** No.

**Mr Taman:** What did he tell you, as best you can recall?

**Ms Doherty:** I asked him—because he was extremely busy—who in the ministry I should do follow-up with regarding Dr Donahue, and he said to phone Eugene LeBlanc's office.

**Mr Taman:** And why?

**Ms Doherty:** I wanted to find out how his case was progressing through the ministry. I wanted to track it to make sure that it was dealt with.

**Mr Taman:** You wanted to make sure that something was happening?

**Ms Doherty:** That is right.

**Mr Taman:** All right. When did you speak to Diane McArthur? Was that on the 13th as well?

**Ms Doherty:** If I could just refer to my notes here, yes, it was the 13th of November.

**Mr Taman:** And what was your conversation with Diane McArthur?

**Ms Doherty:** Well, she said that she was aware of Dr Donahue's concerns, that they had received a letter from him, that they would be considering his case in the context of all the other letters from doctors from around the province who had applied for exemptions, and that they would be looking at this in terms of specialty and geographic region and what the needs were of the communities.

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**Mr Taman:** Did she give you any indication that any options were being considered at this stage?

**Ms Doherty:** No.

**Mr Taman:** And did she give you any indication of what steps had been taken within the Ministry of Health to gather information?

**Ms Doherty:** No.

**Mr Taman:** Did she indicate whether there had been any communication between the Hepburn Block and Kingston about data on Dr Donahue?

**Ms Doherty:** No.

**Mr Taman:** Did she indicate to you whether or not the Ministry of Health had any concerns about Dr Donahue?

**Ms Doherty:** No.

**Mr Taman:** Was there any discussion between you and McArthur about appropriateness of services?

**Ms Doherty:** No.

**Mr Taman:** Or billings?

**Ms Doherty:** No.

**Mr Taman:** Or distribution of procedures among various medical specialities?

**Ms Doherty:** No.

**Mr Taman:** It was simply an indication that they did indeed have the situation in hand and were looking at it?

**Ms Doherty:** Yes.

**Mr Taman:** And were you comforted by that?

**Ms Doherty:** Well, I thought things were proceeding fairly slowly, that I had to wait until the joint management committee met and dealt with this. I understood that they had only had one meeting prior to this, so I was not sure this case would be dealt with, no.

**Mr Taman:** Now, Ms Doherty, I understand that you talked to Larry Corea on the 14th.

**Ms Doherty:** Yes.

**Mr Taman:** I would just like you to summarize what the state of your knowledge about Dr Donahue was before you spoke to Mr Corea on the 14th, and let me suggest some things to you. You knew that Dr Donahue was a dermatologist?

**Ms Doherty:** Yes.

**Mr Taman:** And you knew that he was in Sudbury?

**Ms Doherty:** Yes.

**Mr Taman:** You knew that he was threatening, or indicating an intention to close his practice?

**Ms Doherty:** Yes.

**Mr Taman:** And you knew that he was on the underserved area program?

**Ms Doherty:** Yes, until August 31.

**Mr Taman:** Until?

**Ms Doherty:** August 31.



**Mr Taman:** Right. And you considered putting some of that data together, that he might have billed as much as \$400,000 between September and the middle of November?

**Ms Doherty:** Yes.

**Mr Taman:** And you had some information about how much he paid his staff?

**Ms Doherty:** Yes.

**Mr Taman:** You got that from him?

**Ms Doherty:** Yes.

**Mr Taman:** You knew everything that was in the memorandum you wrote to the Treasurer on the 31st?

**Ms Doherty:** Yes.

**Mr Taman:** You knew that he felt he dealt with only the most serious medical problems?

**Ms Doherty:** Yes.

**Mr Taman:** Because he had said that to you. Now, let me ask you whether arising out of that information base—have I got it all pretty much?

**Ms Doherty:** Yes, well, also I guess I knew that the electrolysis was a significant part of his practice. It was significant to him because he had devoted an interview on television to it.

**Mr Taman:** All right, so you had seen that in the clips.

**Ms Doherty:** That is right.

**Mr Taman:** And did you know anything else?

**Ms Doherty:** Let's see, I think that is about it.

**Mr Taman:** All right. I understand that you had then some concerns about the service situation in Sudbury arising out of this information. Just share with us what those concerns were.

**Ms Doherty:** We were receiving many calls into the constituency office and I believe Floyd received some calls at home. People were very afraid that they would lose their dermatologist and that they would have to travel to Toronto to receive care. I also knew, from Ian Wood in the constituency office, that cardiologists may hit their threshold before Christmas and that the obstetricians may hit their threshold after Christmas. So it was becoming a big issue in the riding.

**Mr Taman:** All right, and so you were concerned, I take it, about the possibility that there might be a substantial number of medical specialists who would be leaving northern Ontario?

**Ms Doherty:** Yes.

**Mr Taman:** I understand that, as well, you had some concerns about what I think a moment ago you called inconsistencies in Dr Donahue's circumstances. What did you have in mind there?

**Ms Doherty:** Well, he said to me on the phone that he only saw serious skin problems because he was the only full-time dermatologist in the area and he did not have time to deal with the less serious conditions that GPs in the north would tend to deal with, the less serious conditions, whereas when I read the interview he did on MCTV, it became apparent to me that he was doing electrolysis, and

as electrolysis was being delisted that Friday, November 15, I thought that was not a serious condition yet he was working on it.

**Mr Taman:** Look with me at exhibit 10, if you will, and tell me if that is the news report in which you learned that Dr Donahue's practice included some electrolysis.

**Ms Doherty:** Yes.

**Mr Taman:** All right. What other inconsistencies, as you saw it, did you feel needed to be explored in Dr Donahue's circumstances?

**Ms Doherty:** He said he had extremely high overhead, and yet Dr Brunet had told me that dermatologists had low overhead compared to most other doctors. So that was another inconsistency. And he said he had a large staff complement, yet Dr Brunet had said that a dermatologist is more concerned with the diagnosis and that GPs would do follow-up if need be, so there was somewhat of an inconsistency there. He said that he did not earn very much money—well, that is the impression I got. He told me that he earned less than a general practitioner, and he said in his interview on MCTV that electrolysis did not bring him in very much money, yet I knew what he was paying some of his staff. I am losing my voice.

**Mr Taman:** Do you have some water there?

**Ms Doherty:** Yes, I am fine. He said he was breaching his threshold, or that the threshold was forcing him out of business November 15, and I knew how much he was paying his staff, so I figured from that that he was probably earning a lot more in two and a half months than a GP would earn in a year.

**Mr Taman:** I am not asking you to do it now, but did you actually try to calculate out the numbers to satisfy yourself on that point?

**Ms Doherty:** Well, it did not take very much calculation. It was self-evident.

**Mr Taman:** So you had a look at what he told you he paid his staff—

**Ms Doherty:** Yes.

**Mr Taman:** —and you figured out how much it would cost him for staff over a period of three months or so in this little interim period—

**Ms Doherty:** Yes.

**Mr Taman:** —and you concluded, as I understand it, that it did not get you very close to \$400,000.

**Ms Doherty:** I concluded that he would be bringing home between \$150,000 and \$200,000, if what he said was true, that he was reaching his threshold November 15.

**Mr Taman:** So that was just mathematics based on what he had told you.

**Ms Doherty:** Yes.

**Mr Taman:** And your understanding of a kind of rough calculation.

**Ms Doherty:** Yes.

**Mr Taman:** So do I understand that this was really just an inconsistency which you thought needed to be explored in your mind?

**Ms Doherty:** Yes.

**Mr Taman:** All right. Was there anything else? Were you alert to the fact that although he was indicating an intention to leave the community he was also contemplating opening a clinic? Was that something you knew?

**Ms Doherty:** Yes, that was the other thing: Was he actually going to leave or not? He said he was going to leave November 15 and his patients were frightened that he was going to leave, yet he did say he would open up the Doctor's Studio in Sudbury for electrolysis.

**Mr Taman:** So would it be fair to say that your general disposition towards Dr Donahue at this point was that on the one hand you were concerned about the service implications of him and others possibly leaving the north, if that was going to happen—

**Ms Doherty:** Yes.

**Mr Taman:** —but that on the other hand you had a questioning attitude towards his particular circumstances?

**Ms Doherty:** Yes. I wanted to know what was actually happening.

**Mr Taman:** Now, I understand that on the way over to meet Mr Corea on the 14th you bumped into Ms Martel.

**Ms Doherty:** Yes.

**Mr Taman:** And that was in the elevator coming down from the seventh floor in the Frost building?

**Ms Doherty:** Yes.

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**Mr Taman:** And she had been there for a meeting?

**Ms Doherty:** I believe she was there for an estimates meeting.

**Mr Taman:** You were there with Mr Wood, who is Mr Laughren's constituency assistant in Nickel Belt.

**Ms Doherty:** Yes.

**Mr Taman:** And you were on your way to see Mr Corea. Was there any conversation among you and Miss Martel and Mr Wood during that elevator ride? Those of us who have been in the Frost building know this could be quite a long ride, I should tell you.

**Ms Doherty:** It was not too long. Ian would know Shelley Martel. I had met her once previously, so I do not really know her. Shelley Martel asked Ian what he was doing in Toronto. I do not know what he responded, but I know he was in Toronto for a workshop, a communications workshop, put on by caucus services, and was on a break. It was actually before the workshop began. And she—I think Ian was saying that we were going over to the Hepburn Block to meet with Larry and to get more information on the doctors' situation in Sudbury, and Shelley mentioned something about losing some sympathy with Dr Donahue's situation.

**Mr Taman:** And what did you understand her to mean by that?

**Ms Doherty:** I did not pursue it. I was not really talking to Shelley. I was listening to her conversation with Ian, and I just assumed that she probably knew what I knew, which was that he had been—if he was reaching his

threshold November 15, he then would have been billing \$400,000 in two and a half months, so he actually may be earning more than he was saying he was.

**Mr Taman:** Now, this is a conversation, I understand, that took only a couple of minutes.

**Ms Doherty:** Yes.

**Mr Taman:** And did you or Mr Wood actually speak to Miss Martel about any of the questions that you had on your mind?

**Ms Doherty:** No.

**Mr Taman:** And so she, you recall, said something to the effect that she had less sympathy for Dr Donahue than she once had.

**Ms Doherty:** Something like that, yes.

**Mr Taman:** And you, without discussing the specifics, just took it that she might be thinking of some of the same questions that you were.

**Ms Doherty:** Yes.

**Mr Taman:** And was there anything else in that conversation with Miss Martel?

**Ms Doherty:** No.

**Mr Taman:** So you then made your way over to Mr Corea's office.

**Ms Doherty:** Yes.

**Mr Taman:** And you got there about lunchtime.

**Ms Doherty:** I believe so.

**Mr Taman:** And Mr Wood was still with you.

**Ms Doherty:** Yes.

**Mr Taman:** And you talked, I understand, for about 10 minutes.

**Ms Doherty:** Yes.

**Mr Taman:** And you were following up on your request for information, which had been advanced by Ms Notar's memo of the 13th.

**Ms Doherty:** Yes.

**Mr Taman:** You now have a Treasurer who has a public meeting on the 15th, and it is now the 14th, and you still have no information.

**Ms Doherty:** Yes.

**Mr Taman:** So would it be fair to say that you went over there with the intention of getting some information out of Mr Corea so that you could brief your member?

**Ms Doherty:** Yes, well, I thought there might be some response and I was disappointed that there was not, although we received an indication that the right people were looking into this and, um—

**Mr Taman:** Let's deal with it one point at a time. Excuse me for interrupting you, but first of all, you had hoped to get something and you did not. What did you hope to get?

**Ms Doherty:** Well, a response to the memo, which was Dr Donahue's actual position, and a political response.

**Mr Taman:** So were you told when you might expect that response?



**Ms Doherty:** No. Well, I was told that maybe the following day we would receive some materials.

**Mr Taman:** And did you have any conversation with Mr Corea about the questions that you had raised in your own mind?

**Ms Doherty:** Yes. I believe I raised many of the inconsistencies I just noted and that Larry indicated that they were good questions to be asking, that we were on the right track, but he did not have any answers for us. That is about it.

**Mr Taman:** Did you have any conversation with him about getting information about health matters from the Ministry of Health?

**Ms Doherty:** Health matters?

**Mr Taman:** That is, was there any discussion with him about private and confidential information in the context of this file?

**Ms Doherty:** Well, he did say if we needed to know it we would get it, meaning if—that we would not receive any confidential information, which was just fine with us. We did not want any confidential information.

**Mr Taman:** So you thought that you could get an answer to your memo without getting any confidential information?

**Ms Doherty:** Yes. I expected the Ministry of Health would vet the information.

**Mr Taman:** Did Mr Corea have anything else to say to you about confidential information?

**Ms Doherty:** No.

**Mr Taman:** Did you discuss at all with Mr Corea Dr Donahue's billing practices?

**Ms Doherty:** No.

**Mr Taman:** Did you have any discussion with him about Dr Donahue's financial circumstances?

**Ms Doherty:** No, just our questions about them. He did not have any answers.

**Mr Taman:** What about his practice mix among various medical specialties, was that discussed?

**Ms Doherty:** I do not remember, no.

**Mr Taman:** Did you discuss with Mr Corea on the 14th any concerns that the Ministry of Health might have in connection with Dr Donahue's practice?

**Ms Doherty:** No.

**Mr Taman:** And did you discuss whether or not for any other purpose the Ministry of Health was having a look at Dr Donahue's circumstances?

**Ms Doherty:** Just that they were looking into the questions we asked, you know; what his actual position was, nothing else.

**Mr Taman:** Did Mr Corea show you any documents or memoranda to give you information?

**Ms Doherty:** No, only that—the only memos he showed me were the e-mails. At that point I realized that Health had been working on it since the 12th.

**Mr Taman:** Now, let's talk about which e-mails he showed you. Can you tell us that?

**Ms Doherty:** The ones I saw—I identified at the beginning, the one from Sue Colley and the one he had sent summarizing my memo.

**Mr Taman:** Just so we are clear, the memoranda he showed you at that time, as you recall—and if you will just look with me—were exhibit 28 and exhibit 29?

**Ms Doherty:** Yes.

**Mr Taman:** Now, will you look with me at exhibit 44?

**Ms Doherty:** Yes.

**Mr Taman:** If you look in the top right-hand corner—I guess it is the second page—of that document you will see an e-mail. It is dated November 13, 1991, said to be from Mr Teatero.

**Ms Doherty:** Yes.

**Mr Taman:** Did Mr Corea show you this memorandum?

**Ms Doherty:** No.

**Mr Taman:** Are you sure?

**Ms Doherty:** Yes.

**Mr Taman:** How can you be sure?

**Ms Doherty:** Because I have never seen it before.

**Mr Taman:** Have you ever seen it before today?

**Ms Doherty:** No.

**Mr Taman:** Did you then on the 14th have any other conversation with Mr Corea?

**Ms Doherty:** On the 14th? No.

**Mr Taman:** Did he tell you that Dr MacMillan was involved in having a look at this file?

**Ms Doherty:** I think the 13th was the day I first heard Dr MacMillan's name in association with the doctor situation in Sudbury. It was very fleeting and my sense was that the right people in Health were starting to deal with this issue, because I think Larry had said that OHIP had to deal with some of the questions around Dr Donahue's situation and Dr MacMillan was the person to—it was not said directly like that, but the impression I was left with was that the right people in Health were dealing with this and Dr MacMillan's name was mentioned.

**Mr Taman:** Did you see it really as part of your job to try to get the Ministry of Health to respond to this?

**Ms Doherty:** Yes.

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**Mr Taman:** Did you come away from the meeting thinking that that was starting to happen?

**Ms Doherty:** Yes, I was hopeful that we would have some briefing notes for Floyd Friday.

**Mr Taman:** Did you come away from the meeting with any other conclusions? I take it that you would have concluded that there might be something to the questions you were asking?

**Ms Doherty:** Yes, and that Dr Donahue was going to have to discuss his problem directly with the Ministry of Health.

**Mr Taman:** Let me ask you, why did you come to that conclusion?

**Ms Doherty:** Larry must have said something about that, that that was the right way to go about it, that Ministry of Health people should be dealing with this, OHIP should be dealing with this problem.

**Mr Taman:** Did he explain to you why that was so?

**Ms Doherty:** Not really, no.

**Mr Taman:** Did you in fact get the information you had hoped for from Mr Corea on the 15th?

**Ms Doherty:** We received form letters that were sent out to MPPs regarding the decision to provide no exemptions to the threshold.

**Mr Taman:** If you look at exhibit 52, this is a bundle of documents that were prepared in the Ministry of Health to be sent out to various persons who were interested in this issue. If you flip through, there is a letter to MPPs. Did Mr Laughren get his copy of that letter?

**Ms Doherty:** Yes.

**Mr Taman:** I have a copy of the letter that is stamped "Received Nov 19 1991." Do you know when you received it?

**Ms Doherty:** Well, our office would have—

**Mr Taman:** When you first saw it?

**Ms Doherty:** Well, the first time I saw it they were letters to other MPPs. There was a pile of them. Floyd Laughren's name was not among them, but it was just a form letter, and then I received our copy the following week.

**Mr Taman:** Probably on the date it is stamped, November 19. Chair, perhaps we should mark that as the next exhibit.

**The Chair:** That will be marked as exhibit 123. We will have to make photocopies and distribute it to members of committee.

**Mr Taman:** It is Mr Laughren's copy of letters that the members have already seen. So your situation, as I understand it, on November 15 is that you still have no information to speak of, agreed?

**Ms Doherty:** Agreed. Well, yes, just the information from Dr Brunet in the sense that Dr Donahue had to deal directly with the Ministry of Health.

**Mr Taman:** You still have no answer from the Ministry of Health to your memorandum of the 13th.

**Ms Doherty:** No.

**Mr Taman:** So you have got a doctor who has patients in your MPP's area who says he is going to close and you do not really know what, to use your expression, his actual position is: Is this going to happen or not?

**Ms Doherty:** Mm-hmm.

**Mr Taman:** In addition, you have got a member who is going to an important public meeting on the 15th and has no briefing note.

**Ms Doherty:** That is right.

**Mr Taman:** So do I understand that on the 15th you set to work to provide your own briefing note for Mr Laughren?

**Ms Doherty:** That is right.

**Mr Taman:** Is this a briefing note in which you attempted to provide him with all the information that you thought was relevant as of that point?

**Ms Doherty:** Yes.

**Mr Taman:** Was it also a briefing note that took into account everything that you had learned up to date in your research?

**Ms Doherty:** Yes.

**Mr Taman:** Including everything you had learned that you thought was significant in your conversation with Mr Corea on the 14th?

**Ms Doherty:** Yes.

**Mr Taman:** If you look at exhibit 105—will you have a look at it and tell me whether that is the briefing note that you prepared.

**Ms Doherty:** Yes, Ian and I worked on this.

**Mr Taman:** In the first paragraph of the memorandum, you indicate that the Treasurer should know that it may be necessary for Dr Donahue to share more details of his practice with the ministry if there is going to be a solution to this problem?

**Ms Doherty:** That is right.

**Mr Taman:** And then in the second part you give some details about dermatology in the north, the northeast?

**Ms Doherty:** Yes.

**Mr Taman:** And then in the third part I take it this would be some of the information you got from Dr Claire Brunet. You tell him a little bit about dermatology?

**Ms Doherty:** Mm-hmm.

**Mr Taman:** And then in the fourth part there are some other considerations which you think that he ought to know about.

**Ms Doherty:** Yes.

**Mr Taman:** And then in the fifth paragraph you express an opinion which you set out there. Now, can you tell me, Ms Doherty, how you came to put this opinion in the briefing note?

**Ms Doherty:** I did not want this opinion to be in the briefing note. I strongly objected to it being sent out to Floyd in this manner. I thought it was inappropriate. Although Ian and I wrote it together, I really thought that we did not have answers to our questions and we should not be saying these things.

**Mr Taman:** Now, let me just be clear. This memorandum goes out under your name and Mr Wood's name.

**Ms Doherty:** Yes.

**Mr Taman:** And who wrote this opinion?

**Ms Doherty:** I did.

**Mr Taman:** All right.

**Ms Doherty:** With Ian.

**Mr Taman:** And you say that you considered it inappropriate to go in a briefing note to the Treasurer.

**Ms Doherty:** Yes.

**Mr Taman:** Why was that, precisely?



**Ms Doherty:** Well, I never put opinions in briefing notes. I do briefing notes all the time, and we just do not put in our opinions. Floyd would not be interested in an opinion like this. It does not provide any useful information.

**Mr Taman:** But I take it it would be fair to say, since you typed it into the machine, that it reflected some—

**Ms Doherty:** It was a reaction to some of the information that we had, but when it was printed out, as you do with drafts, you realize that whole sections, perhaps, should be removed. I just thought that this was premature, we did not have all the answers to the questions, so we should not be saying things like this.

**Mr Taman:** So it was inappropriate because, if I understand what you are telling us, you did not really have a basis to express such an opinion?

**Ms Doherty:** We did not have a basis to express such an opinion, and number two, we do not put opinions in briefing notes.

**Mr Taman:** So that was a second sense in which it was inappropriate.

**Ms Doherty:** Yes.

**Mr Taman:** If you knew that then, as you know it now, Ms Doherty, how did it end up in the briefing note?

**Ms Doherty:** Ian has a senior position to mine, and when it was printed out, I said that I would go back to my computer and I just had to press “control page down” and it would be gone. He walked away with it to the fax machine, and I went with him to the fax machine and I said, “I really don’t think we should send this to Floyd,” and he proceeded to fax it.

**Mr Taman:** Now, do you know whether or not Mr Laughren saw the briefing note around the time it was made?

**Ms Doherty:** He did not.

**Mr Taman:** And how do you know he did not see it?

**Ms Doherty:** I asked him when he returned at the end of February from his holidays.

**Mr Taman:** And how did it happen that he did not see it when it was faxed to him, I take it to his constituency office?

**Ms Doherty:** Yes.

**Mr Taman:** On the 15th. How did it happen that he did not see it?

**Ms Doherty:** When the briefing note was completed, he was just about ready to go to the meeting, and he—well, Sue Wyers, I believe, in the constituency office, picked it up.

**Mr Taman:** Who is Sue Wyers?

**Ms Doherty:** She is the constituency assistant in Chelmsford. I spoke to Sue on the phone and she said that Floyd was on his way out the door. I asked to speak to him, and Ian was with me, and I asked him to please disregard the bottom part of the memo, but that the salient points of the memo were that Dr Donahue should discuss his practice with OHIP, with the Ministry of Health directly, and that dermatology was not supposed to have high overhead, that sort of information, very quickly and

briefly over the phone, and he went off to his meeting. He does not read in cars, so I do not believe he would have read this on the way to the meeting.

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**Mr Taman:** Did you ask him later on if he had read it when it was sent in November?

**Ms Doherty:** Yes, I did.

**Mr Taman:** When did you ask him?

**Ms Doherty:** At the end of February.

**Mr Taman:** What did he tell you?

**Ms Doherty:** He said that the first time he saw it was when he received this file to prepare him for potentially being called to this committee.

**Mr Taman:** Did he read the memorandum then in February of 1992?

**Ms Doherty:** Yes.

**Mr Taman:** Did he let you know his views about this part dealing with your opinion?

**Ms Doherty:** Yes, he did.

**Mr Taman:** What did he say?

**Ms Doherty:** He was very unhappy. I do not remember his exact words, but he expressed great disapproval.

**Mr Taman:** Why was he unhappy?

**Ms Doherty:** He did not say why; it was just evident that you do not put things like this in a memo.

**Mr Taman:** I take it, as we sit here today, that you are satisfied this was not appropriate to go in the briefing note?

**Ms Doherty:** Yes.

**Mr Taman:** Speaking of briefing notes, if you look at exhibit 14 you will see a briefing note that was prepared by the critical issues group in the Ministry of Health. It is dated the 14th, dealing with delivery of dermatology services in Sudbury. Did your office get that memorandum or briefing note on the 14th or 15th?

**Ms Doherty:** No, we did not.

**Mr Taman:** Do you recall whether you ever received this?

**Ms Doherty:** No. I do not have it in my files.

**Mr Taman:** I am sorry, I cannot quite hear you.

**Ms Doherty:** Was this in the package that went to Sudbury on December 5? Because it may look vaguely familiar to me, but—

**Mr Taman:** But you do not have it in your file?

**Ms Doherty:** No, I do not think so.

**Mr Taman:** Will you look with me and Mr Campbell at exhibit 53?

**The Chair:** Ms Doherty, I am advised by our Hansard that if you could speak up just a little bit it would be helpful. Thank you.

**Mr Taman:** If you look at exhibit 53, that is a memorandum that is addressed to you by fax and also to Mr Sword in Miss Martel’s office. It sets out what are described as certain “additional thoughts that you might want

to incorporate into Floyd's and Shelley's notes." Did you get this document?

**Ms Doherty:** I got it the afternoon of the 15th.

**Mr Taman:** I cannot quite hear you still.

**Ms Doherty:** I got it the afternoon of the 15th.

**Mr Taman:** Was that after you had prepared and sent off your own fax?

**Ms Doherty:** Yes.

**Mr Taman:** Briefing note?

**Ms Doherty:** Yes.

**Mr Taman:** If you just have a look at it with me, can you tell me to what extent it adds to the information base you had at the time you wrote your briefing note?

**Ms Doherty:** It just confirms that Dr Donahue should really sit down with the Ministry of Health, so for me it was important that I ensure that the right people talked to Dr Donahue directly. It is basically, I suppose, information that I already knew about.

**Mr Taman:** Did you do anything with that information?

**Ms Doherty:** No.

**Mr Taman:** What happened next then in your dealing with this matter?

**Ms Doherty:** I called the constituency office on Monday to find out what the result of this meeting was on Friday, and Sue Wyers told me about how the meeting had progressed. I wanted to know what the fallout would be. There was nothing really new. I expected—I am not sure what I expected, but I thought there may be something happening on that day because Dr Donahue was supposed to have closed his practice. I believe he did not actually close his practice. He waited another few weeks or two weeks. He waited another couple of weeks before he closed his practice.

**Mr Taman:** If we look at the period between the 15th and the 30th of November, tell us what action if any you were involved in in connection with Dr Donahue and thresholds in the north.

**Ms Doherty:** Okay. I was told by Sue, I believe, Sue Wyers in the constituency office, that Shelley was now to take the lead on this issue and so I would have a lesser role. I had some contact with Dr de Blacam, the president of the Sudbury medical society, and he wanted to have Michael Decter attend a meeting in Sudbury. He wanted Michael Decter to deal with the issues in Sudbury. There was a tentative meeting set up for November 23, which did not eventually work out. I had trouble getting information about even when that meeting would be. I know there was a lot of media coverage during this period in Sudbury. The media was calling for the three MPPs to meet with the doctors, and there seemed to be a lot of misunderstanding about what the MPPs were doing to try to solve this problem.

**Mr Taman:** Did you in fact drop a bit out of dealing with this problem, given that the lead, as you expressed it, had gone over to Miss Martel?

**Ms Doherty:** Yes.

**Mr Taman:** Did you know that the Treasurer went to the meeting in Sudbury on the 30th?

**Ms Doherty:** This is the meeting with—

**Mr Taman:** With the cardiologists on the 30th.

**Ms Doherty:** Yes.

**Mr Taman:** Were there any preparations involved at your end in connection with that meeting?

**Ms Doherty:** No.

**Mr Taman:** Did you know that the Treasurer participated in a breakfast meeting the day of that meeting?

**Ms Doherty:** Yes.

**Mr Taman:** Did you get a report from him about what had happened at that breakfast meeting?

**Ms Doherty:** No.

**Mr Taman:** So if we look at that whole period, can you just summarize for me what, if any, were the additions to your knowledge of Dr Donahue and the thresholds during that period?

**Ms Doherty:** Nothing new about Dr Donahue, certainly.

**Mr Taman:** Now, if you look with me at exhibit 55, this is a fax to Mr Corea from you. It is dated November 19. Can you tell me what prompted the sending of that fax?

**Ms Doherty:** I wanted to know when the meeting was actually going to be, the 23rd or the 5th. I believe on November 19 I did not really know. We had not received an invitation. It may have come to the office, but it never reached my desk. There were demands that the three MPPs attend the meeting, but we had not received an invitation, and it was of concern because we schedule Floyd well in advance for meetings. So what else is in this? I was aware that Health received regular media files, and I thought it would be useful if I could get them on a regular basis, and I could in turn share them with the other MPP offices, both Sharon Murdock's office and Shelley Martel's office.

2150

**Mr Taman:** Will you look at 56 and tell me whether or not that is a reply to 55?

**Ms Doherty:** Yes, I think so.

**Mr Taman:** And then 57. Can you identify that for us?

**Ms Doherty:** Yes.

**Mr Taman:** Tell me what that document is, please?

**Ms Doherty:** It is in response to a memo I sent to the Ministry of Health. The first issue has nothing to do with the doctor situation. The second is in response to my request—I was forwarding a request from Dr de Blacam that Michael Decter deal with the situation directly.

**Mr Taman:** And then, finally, if you will look at exhibit 63, can you identify this as a communication from you to Mr Corea indicating what you believed to be your understanding about what was going to go in the package or the press kit for the meeting on the 5th?

**Ms Doherty:** Yes.

**Mr Taman:** If we look at the period from November 30 till the meeting on the 5th, did you have any involvement



with this matter, apart from what you have just told us about?

**Ms Doherty:** Well, Shelley's office, represented by David Sword, Sharon Murdock's office, represented by Alan Ernst, and myself met with Larry Corea to plan for—well, getting materials, information materials, in time for the December 5 meeting in Sudbury with the Sudbury medical society. After that meeting I typed up what we felt would be useful information to have at that meeting and I sent it to Larry.

**Mr Taman:** That is the document we have just exhibited?

**Ms Doherty:** Yes.

**Mr Taman:** And I understand that during this period you also had a word with Dr LeBlanc?

**Ms Doherty:** Yes, I did.

**Mr Taman:** What did you and Eugene LeBlanc speak about?

**Ms Doherty:** I had asked, I think the day or two before the December 5 meeting—I had been speaking to Dr de Blacam and I asked what was on the agenda for the December 5 meeting, and he said there was not an agenda. Though I pressed, I could not get a response. I decided to call Eugene LeBlanc's office because I understood that he may be involved somehow and I asked him if he knew what was going on. He indicated what he knew would be the subject of the meeting.

**Mr Taman:** Did you have any contact with the threshold issue of any substance after December 5, Ms Doherty?

**Ms Doherty:** No.

**Mr Taman:** Prior to coming here today, and apart from any conversations you have had with Mr Campbell, have you discussed these events and your evidence today with anyone?

**Ms Doherty:** I reviewed the sequence—the chronology of events with Floyd Laughren.

**Mr Taman:** When did you do that?

**Ms Doherty:** February 27, and Simon Rosenblum was in the room.

**Mr Taman:** What about Mr Dee? Did you speak to Mr Dee?

**Ms Doherty:** Yes, not about my testimony but about—well, I am not sure of the date, but he came over to review the file and we just quickly went through my file.

**Mr Taman:** And Mr Wood, did you speak to Mr Wood as well?

**Ms Doherty:** No.

**Mr Taman:** Sorry?

**Ms Doherty:** No, just to ascertain a date—the November 14 date when we met with Larry Corea.

**Mr Taman:** Mr Chair, Ms Doherty has been good enough to give us a bundle of notes which she has kept from time to time on this matter. I think it would be appropriate for these to go before the committee in camera for this reason: I am concerned they should be fully vetted for

any sensitive information. I have not had an opportunity to do so, and so on that basis I suggest we might wait to look at those notes, if anyone wishes to do so, until we can quickly convene in camera.

**The Chair:** Fine. We understand, and we have always been sensitive to that particular matter. As a result, we will review those particular notes but only on an in camera basis.

**Mr Taman:** Those are all my questions. I should say in fairness to Ms Doherty, just so there is no misunderstanding, that she provided me with these notes some time ago and we have not had the opportunity to vet them, so it is our failing, not hers.

**The Chair:** Thank you very much, Mr Taman. I will now open up a round of questioning. We will commence with Mr Harnick. Keeping in mind the amount of time on questioning, I have allocated 25 minutes per caucus.

**Mr Harnick:** Ms Doherty, I find your evidence fascinating because you are the first person I can think of who actually went out and spoke to Dr Donahue. You attempted to find out what the facts of this situation were by starting at the real source. I think what you found out very early on, before any real controversy had started to arise, was that Dr Donahue was in debt. He had a number of staff. You learned how much he was paying his staff. You learned that he was the only full-time dermatologist, and you learned that he was earning less than a general practitioner. Is that correct?

**Ms Doherty:** Yes.

**Mr Harnick:** I suspect as a result of that meeting you had some sympathy for his situation and at that stage, in your mind, you wanted to help him. Is that correct?

**Ms Doherty:** Yes. I understood his problem as he explained it.

**Mr Harnick:** You wanted to go out and help find a solution for him, correct?

**Ms Doherty:** Yes.

**Mr Harnick:** All right. Then you wrote a memo that I found to be rather curious in that you were writing to Sue Colley under the name of Betty Notar, correct? Did you not do the memo?

**Ms Doherty:** I drafted it.

**Mr Harnick:** You drafted it.

**Ms Doherty:** For her signature.

**Mr Harnick:** She signed it, but it was really your memo.

**Ms Doherty:** Well, she read it and approved it and signed it.

**Mr Harnick:** But you drafted it.

**Ms Doherty:** I drafted it.

**Mr Harnick:** I gather you drafted it on the basis of your interview with Dr Donahue.

**Ms Doherty:** And the subsequent information I was getting on the situation in Sudbury.

**Mr Harnick:** I am a little confused, then, about the sequence. In terms of the sequence, you saw Dr Donahue—

**Ms Doherty:** I spoke with him on the phone.

**Mr Harnick:** You spoke with him on the phone, and then I understood that you prepared that memo.

**Ms Doherty:** Yes.

**Mr Harnick:** Then you went out after that to see Tariq Asmi and Dr Brunet.

**Ms Doherty:** Yes. There was a time lapse of about a week and a half.

**Mr Harnick:** But the memo was written first and then you went to see those individuals when you did not get any—

**Ms Doherty:** The November 13 memo?

**Mr Harnick:** Yes. Which came first, the memo that Betty Notar signed or the visits to Tariq Asmi and Dr Brunet?

**Ms Doherty:** I am not absolutely sure which came first, but I think the memo came after my meeting with Dr Brunet. I cannot be absolutely certain.

**Mr Harnick:** Okay. I will not dwell on that other than to say you were after, in that memo, what Dr Donahue's actual position was.

**Ms Doherty:** Mm-hmm.

**Mr Harnick:** And you defined "actual position" as being, was he staying or was he leaving?

**Ms Doherty:** Yes. Was he at his threshold or was he not at his threshold?

**Mr Harnick:** Okay. That makes a little more sense to me, because generally when you ask what somebody's position is, I sort of think in terms of his financial position.

**Mr Doherty:** He told me what his financial position was. That was not a question for me. The question was he equated reaching his threshold with leaving Sudbury, so the two were equal in my mind.

2200

**Mr Harnick:** You also asked for a political response. In your evidence you described—when you were asked what you meant by political response, you defined it as how to provide dermatology services. That is how you defined—

**Ms Doherty:** How to—

**Mr Harnick:** —political response, would be how to provide dermatology services.

**Ms Doherty:** Oh yes, how would—

**Mr Harnick:** Assuming he left, I gather.

**Ms Doherty:** —dermatological services be provided to the Sudbury area residents?

**Mr Harnick:** Why do you describe that as a political response?

**Ms Doherty:** That was the issue, how were we going to deal with the threshold issue in Sudbury? It was not just dermatology either. It was—for November 15, yes, we wanted to know how we would deal with the gap in service.

**Mr Harnick:** What is political about that?

**Ms Doherty:** It is a policy issue.

**Mr Harnick:** Well—

**Ms Doherty:** Policy issues are determined by politicians.

**Mr Harnick:** Okay, so there was a political connotation to the policy that was going to be implemented?

**Ms Doherty:** Yes.

**Mr Harnick:** Am I right about that?

**Ms Doherty:** Yes.

**Mr Harnick:** I do not want to put words in your mouth, but we are really dealing here with a political situation, as you saw it.

**Ms Doherty:** Yes. Part of the response could come from the civil service, of course. There may be other ways of dealing with this situation.

**Mr Harnick:** Contemporaneous with this memo and those words, you went out and you saw Tariq Asmi.

**Ms Doherty:** Mm-hmm.

**Mr Harnick:** She thought it was unusual—

**Ms Doherty:** He.

**Mr Harnick:** He?

**Ms Doherty:** He.

**Mr Harnick:** He thought it was unusual, I think you said, that it was inappropriate for a doctor to be charging a fee for service at the same time as paying a staff of 14.

**Ms Doherty:** No, I believe he meant that in order to finance or support a staff of 14, one should not be using the fee-for-service model.

**Mr Harnick:** What other models did he provide you with?

**Ms Doherty:** He did not talk about any other models.

**Mr Harnick:** Did you know what he was talking about?

**Ms Doherty:** No. I was aware of community health centres. I was vaguely aware that they are organized differently. I thought that perhaps there were other ways of organizing a doctor's office. I did not know particularly how.

**Mr Harnick:** All right. Then you saw a Dr Brunet who told you that dermatologists generally have low overhead, that there is no need to replace them when they go on holidays—a GP can do their job—and that generally a dermatologist just has to see somebody once and a general practitioner can do the follow-up, correct?

**Ms Doherty:** That is what can happen, yes.

**Mr Harnick:** You were also told that Dr Donahue was an important test case.

**Ms Doherty:** Mm-hmm. Tariq Asmi actually said that.

**Mr Harnick:** Okay. Did you not find it a little bit strange that these people, who were, I guess, not particularly involved with policy development and political items, were all of a sudden telling you that this was a threshold test case?



**Ms Doherty:** No, I think that they were probably aware of—well, I knew that they were aware of what Dr Donahue had been saying in the media. He had had several interviews in the media. They receive media files and they obviously read them.

**Mr Harnick:** Dr Donahue at this stage, as we were reaching the middle of November, was quite a high priority within the circle that you had been investigating in, I suspect.

**Ms Doherty:** He was a high priority in—

**Mr Harnick:** Well, everybody seemed to know about his case.

**Ms Doherty:** Oh, yes.

**Mr Harnick:** And everybody seemed to know that there was some notoriety associated with it.

**Ms Doherty:** Yes.

**Mr Harnick:** Did you find that to be a little unusual?

**Ms Doherty:** It is one way of changing a system.

**Mr Harnick:** And I suppose it is one of those things that happens when the Treasurer starts sending memos asking for information. People generally respond pretty quickly, I suspect. When Floyd Laughren wants something, people generally pay attention, right?

**Ms Doherty:** Yes, they do; sometimes, no.

**Mr Harnick:** But did you get the impression that this time around people were well aware of what was going on?

**Ms Doherty:** Oh, I believe that Health was aware there was concern from our ministry and they were working hard to get a response for us. It just was not happening as quickly as we might like, but from the time I first spoke to Floyd to the November 15 meeting, it was only two weeks.

**Mr Harnick:** Now, after you had gone and done this little bit of investigating, you really had two pictures in mind. You had the picture that Dr Donahue was giving you, correct?

**Ms Doherty:** Yes.

**Mr Harnick:** And you had some information in a general sense that other people were giving you—

**Ms Doherty:** Well—

**Mr Harnick:** —suggesting that there was something unusual about Dr Donahue's practice.

**Ms Doherty:** Some of the information I was getting that led to questions was from Dr Donahue himself.

**Mr Harnick:** But you initially said you were sympathetic with Dr Donahue's situation.

**Ms Doherty:** I did not say I was sympathetic to Dr Donahue's situation. I said I understood it.

**Mr Harnick:** All right.

**Ms Doherty:** I understood his arguments.

**Mr Harnick:** And you were going to go out and try and help him is what you told me.

**Ms Doherty:** Yes.

**Mr Harnick:** All right. And at the same time you had now seen Dr Brunet and Tariq Asmi, and it is safe to say that you were somewhat sceptical at this point, were you not?

**Ms Doherty:** Yes. As a result of the information they gave me, I had a better idea of the practice of dermatology and what it entailed.

**Mr Harnick:** And in fact you really had a whole lot of questions that you wanted answered so you could provide the accurate information to Mr Laughren.

**Ms Doherty:** Yes.

**Mr Harnick:** And that is the state of your mind when you went to see Larry Corea.

**Ms Doherty:** Yes.

**Mr Harnick:** He was the next person you saw, and he was, as I understand it, the—how did he describe himself? He was the customer service person with the Ministry of Health.

**Ms Doherty:** Yes.

**Mr Harnick:** And that is why you went to see him.

**Ms Doherty:** That is right.

**Mr Harnick:** And when you went to see him, you told him about what Dr Donahue had told you, I suspect.

**Ms Doherty:** I had sent him the fax, a copy of the memo I had given Floyd summarizing his position.

**Mr Harnick:** Did you go to see Larry Corea personally?

**Ms Doherty:** Yes.

**Mr Harnick:** And was that when you were with—

**Ms Doherty:** Ian Wood.

**Mr Harnick:** Ian Wood?

**Ms Doherty:** Yes.

**Mr Harnick:** And Ian Wood had been receiving all the phone calls back in Sudbury.

**Ms Doherty:** And Sue Wyers was—

**Mr Harnick:** But Ian Wood was with you. So he had a real appreciation of how fast and how frequently the phone was ringing with inquiries about Dr Donahue.

**Ms Doherty:** Yes.

**Mr Harnick:** And you went to see Mr Corea.

**Ms Doherty:** Mm-hmm.

**Mr Harnick:** And I suspect you told him what Dr Donahue had told you. That must have factored into your conversation with Mr Corea.

**Ms Doherty:** He already knew what Dr Donahue had told me.

**Mr Harnick:** All right. And then I guess you went and you put to him some of the things that Tariq Asmi and Dr Brunet told you.

**Ms Doherty:** Yes, I probably would have brought that up. I was talking about some of those inconsistencies or the questions we had, and part of some of that was as a result of the information I had received from Dr Brunet.

**Mr Harnick:** And you put all this to Mr Corea.

**Ms Doherty:** Mm-hmm.

**Mr Harnick:** And Mr Corea obviously had been receiving documentation from you and perhaps from other people. Is that correct?

**Ms Doherty:** Documentation?

**Mr Harnick:** He must have been looking into the Dr Donahue situation by this time himself, was he not?

**Ms Doherty:** Oh, yes. Yes.

**Mr Harnick:** So he had been doing some digging on his own, had he not?

**Ms Doherty:** He had, I found out at that meeting, sent an e-mail on the 12th asking—well, summarizing my memo to him and sending it off.

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**Mr Harnick:** Is that the Betty Notar memo that went to Sue Colley or is that a different memo?

**Ms Doherty:** I sent Larry the initial memo I had directed to Floyd. I understand that Larry took that memo and sent an e-mail to somebody in the Ministry of Health summarizing what I said and asking for a response.

**Mr Harnick:** When you went to see Larry, what did he tell you about Dr Donahue?

**Ms Doherty:** He did not tell me anything about Dr Donahue. He—

**Mr Harnick:** When you put the propositions to him from Tariq Asmi and Dr Brunet, and he already had your memo summarizing his actual position, surely you talked about Dr Donahue.

**Ms Doherty:** I talked about all of my questions, all of the things that did not really make any sense to me.

**Mr Harnick:** What did Larry Corea tell you about Dr Donahue?

**Ms Doherty:** He did not say anything to me about Dr Donahue because I understood he did not know anything yet. He had not heard back. He had not had a response to our request for information. What he said to me was that those were good questions that we needed to have answered before we could deal with the policy questions of whether there should be exemptions to thresholds.

**Mr Harnick:** So you went to Mr Corea to get some answers and you ended up giving him some questions, and he really had nothing to tell you.

**Ms Doherty:** That is right.

**Mr Harnick:** All right. Then as a result of that you came back and you produced exhibit 105.

**Ms Doherty:** No, it was the following day.

**Mr Harnick:** Well, at some stage you got back to your office on the 14th. Did you do anything between the 14th when you got back to your office and finished your meeting with Corea and the 15th when you prepared this?

**Ms Doherty:** No.

**Mr Harnick:** All right. So the next thing you did, after you saw Corea, was prepare exhibit 105, correct?

**Ms Doherty:** Yes, on—

**Mr Harnick:** You did not see anybody else. You did not do any more research. You just went and prepared exhibit 105.

**Ms Doherty:** That is right.

**Mr Harnick:** And the very first conclusion you came to was, "Donahue has not disclosed the full details of his practice."

**Ms Doherty:** Mm-hmm.

**Mr Harnick:** How did you know that?

**Ms Doherty:** Larry had told us that the questions we were asking were valid, legitimate questions, so those questions needed to be answered and that would be disclosing more details.

**Mr Harnick:** So because you found out that fee-for-service was perhaps an inappropriate way to pay a staff of 14, you were now coming to the conclusion that Dr Donahue had not disclosed the full details of his practice.

**Ms Doherty:** No.

**Mr Harnick:** Because dermatology generally has a low overhead, but Dr Donahue told you he had a high overhead and had 14 people, that made you come to the conclusion he had not disclosed the full details of his practice.

**Ms Doherty:** No.

**Mr Harnick:** How did you come to that conclusion? Tell me the facts you relied on.

**Ms Doherty:** I relied on the facts that he said he was reaching his threshold, that I knew he had completed the underserviced area program August 31st, which meant he would have billed \$400,000 in two and a half months. I knew he paid his nurses \$35,000 and they were the highest-paid people in his office; perhaps that was an assumption, but I think that is true. I knew there were 14 people on his staff. I did a simple calculation in my head and figured that in wages alone, maximum \$80,000 to \$100,000, and let's give him \$100,000 in other payments for equipment or rent. I do not know. I am not an expert in health overhead, but I thought that might be reasonable, and I figured he must have been taking home \$150,000 to \$200,000.

**Mr Harnick:** Did you talk to Mr Corea about that?

**Ms Doherty:** Those were the details that did not make sense. He—

**Mr Harnick:** Did you talk to Mr Corea about all those figures?

**Ms Doherty:** I had not really thought it through. At that point I was thinking, "\$400,000 is a lot to bill in two and a half months."

**Mr Harnick:** Did you ask Mr Corea about that?

**Ms Doherty:** I did not ask him. I was saying, "Gee, that means he's been billing a lot," and he said yes.

**Mr Harnick:** Mr Corea agreed that he was billing a lot.

**Ms Doherty:** It seemed a lot.

**Mr Harnick:** Did Mr Corea have any details of that for you?

**Ms Doherty:** No.

**Mr Harnick:** Did he work out any figures with you?

**Ms Doherty:** No.



**Mr Harnick:** You wanted to invite Dr Donahue to share the details of his practice with the Ministry of Health health council, medical society. Why is that?

**Ms Doherty:** If there was a problem that needed to be resolved, if he was hitting his threshold, if there was another way to organize his practice, then perhaps the other people involved with health provision in the Sudbury area should get involved.

**Mr Harnick:** This is another conclusion that you reached on your own?

**Ms Doherty:** Partly. I think it had to do with something Dr Brunet said about the community becoming involved in solving the service needs of the Sudbury area, that that was—

**Mr Harnick:** So that helped you come to the conclusion that Dr Donahue should really make public the details of his practice.

**Ms Doherty:** Not make public, no. I mean, what was in my mind was that the real focus was that he should talk to the Ministry of Health about his practice, the details of his practice, and if he wanted to get to—if there were other problems that needed to be resolved in terms of provision of service, then he should involve the appropriate community organizations to do that.

**Mr Harnick:** Dealing with the area where it says “Our Opinion,” that means yours and—

**Ms Doherty:** Ian’s.

**Mr Harnick:** —Ian Wood’s opinion.

**Ms Doherty:** Mm-hmm.

**Mr Harnick:** You said, “He wants taxpayers to support his entrepreneurial greed.” Where did you get the facts that drew you to that conclusion or that opinion?

**Ms Doherty:** Well, I do not think we had the facts to make that kind of statement. We still had questions in our minds. I certainly did.

**Mr Harnick:** Why would you write that down then?

**Ms Doherty:** I think it is the reaction of somebody who earns a lot less money who cannot imagine what it is like to bring in what he could have been bringing in in two and a half months and that—

**Mr Harnick:** But did you ever stop to think that maybe your calculation was wrong?

**Ms Doherty:** Oh yes, I did, and that is why I thought that should not be there.

**Mr Harnick:** Yet you wrote that down anyway, even though you might have been wrong.

**Ms Doherty:** Well, typing and writing is very quick for me, so—

**Mr Harnick:** Did anybody tell you you might be right—

**Ms Doherty:** No.

**Mr Harnick:** —to bolster your opinion?

**Ms Doherty:** No.

**Mr Harnick:** No one told you you might be right?

**Ms Doherty:** I did not ask anybody if I was right. It was a quick, momentary reaction.

**Mr Harnick:** And then you said, “He wants to be exempted from the threshold or he will withhold services from people who really need dermatology care.”

**Ms Doherty:** Mm-hmm.

**Mr Harnick:** How did you draw that opinion?

**Ms Doherty:** Can you repeat what I said?

**Mr Harnick:** You said, “He wants to be exempted from the threshold or he will withhold services from the people who really need dermatology care.”

**Ms Doherty:** There was an element in his talk in the media of “If I don’t—” well, he was basically saying, “If I don’t get an exemption, I’m leaving,” and many patients were really upset that he would be going and they were scared. That was my impression. I thought that since he was going to be repaid at the rate of two thirds between \$400,000 and \$450,000 of billings and one third after \$450,000, he need not leave right away if there is some sort of solution that can be found with the Ministry of Health. But, who knows. I mean, that may not have been the way he was thinking.

**The Chair:** Mr Harnick, I would just like to remind you that the time is coming to an end.

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**Mr Harnick:** I will not belabour it. There is just one last question I have. In the course of your meeting with Mr Corea, in which Mr Corea had no answers but only listened to questions, somehow there was a fleeting mention of Dr MacMillan’s name?

**Ms Doherty:** Mm-hmm.

**Mr Harnick:** Did that come up in your questions or did it come up in his answers?

**Ms Doherty:** It had to do with what was the Ministry of Health doing while it—I mean, my recollection is vague probably because the information was vague. It was in relation to who in the Ministry of Health should be dealing with this issue, and Dr MacMillan’s name came up then.

**Mr Harnick:** I gather that is because he was the head of OHIP.

**Ms Doherty:** Yes.

**Mr Harnick:** Who looks after doctors’ billings, right?

**Ms Doherty:** That is right.

**Mr Harnick:** All right. Thank you.

**The Chair:** I would just beg the committee’s indulgence. I was just trying to find out some information from Ms Doherty, if potentially she would require a recess for a few moments, and I am advised that not at this time.

**Mr Christopherson:** Nuala, dealing with your October 31 memo to Floyd following your phone call with Dr Donahue, what was Dr Donahue’s tone with you on the phone?

**Ms Doherty:** He was very straightforward, low-key. He sounded as if he worked hard and he was tired.

**Mr Christopherson:** Did he make a favourable impression upon you or no impression or a negative impression?

**Ms Doherty:** He just sounded straightforward. He impressed me as a person who was very straightforward and, you know, wanted some sort of resolution.

**Mr Christopherson:** It is a fair bit of information for someone to give about themselves as contained in exhibit 91, your October 31 memo, particularly since we know how important confidentiality is to Dr Donahue. With that in mind, how was he with the information? Was it forthcoming from him? Did he want you to have this information? Did he just respond to questions, or did you really have to push to get this kind of detailed information about his private practice?

**Ms Doherty:** He freely disclosed it, and he confirmed what Tom Davies, the regional chair of Sudbury, said, that he was very open with his books.

**Mr Christopherson:** That is interesting. So the regional chair had said to you or to others—

**Ms Doherty:** And Floyd in a conference call.

**Mr Christopherson:** —and to Floyd in a conference call—

**Ms Doherty:** Yes.

**Mr Christopherson:** —that Dr Donahue had been very open with this information?

**Ms Doherty:** Yes.

**Mr Christopherson:** That was consistent with your experience with him on the phone?

**Ms Doherty:** Yes.

**Mr Christopherson:** That is interesting. I would like to read transcripts from March 9, 1155-3. It is a questioning of Dr Donahue by Ms Jackson, our committee's counsel, and it reads in part:

"Do you recall speaking to Ms Doherty, Mr Laughren's assistant, in or around this time?"

"Dr Donahue: I do not remember the conversation. I have sort of a vague memory of speaking to somebody from Mr Laughren's office but it is fairly vague.

"Ms Jackson: And in terms of the kind of information that you were using to make the points that you have been describing this morning, is the information that is set forth in here consistent with the kind of information you would give in this conversation and in others about your practice?"

"Dr Donahue: When pressed, yes."

I see you kind of scrunching up your face. Could I ask you to verbalize your response to that kind of testimony?

**Ms Doherty:** I do not press people for information; I ask them questions. If constituents want to give me information, then they give it to me; if they do not, that is fine. I try to work with what I have, but that is about it.

**Mr Christopherson:** So you would not describe your tone with him or your approach as being pressing or having pressed in any way, shape or form?

**Ms Doherty:** Absolutely not.

**Mr Christopherson:** Okay. Floyd has been a member up there now for over 20 years. We celebrated his 20th recently with a big celebration.

**Ms Doherty:** Yes.

**Mr Christopherson:** Is it fair to say from your experience and knowledge that most politicians do not stay in office for that length of time unless they are serving their constituents well?

**Ms Doherty:** Yes, I would say so.

**Mr Christopherson:** Does Floyd have a reputation in Sudbury as being someone who serves his constituency well?

**Ms Doherty:** Yes.

**Mr Christopherson:** Is health an important issue in Sudbury?

**Ms Doherty:** Very important.

**Mr Christopherson:** Why?

**Ms Doherty:** Because in our riding, people have to travel great distances to see specialists. Within Nickel Belt they have to travel sometimes from Chapleau down to Sudbury, and for other specialists, all the way to Hamilton. It is important to them that specialists remain in the north so that family can visit people when they are in hospitals. It is a great expense because although the northern health travel grants cover many of the costs associated with health, they do not cover all of them. So it is a hot issue.

**Mr Christopherson:** Is it fair to say that Floyd has considered the health issues in and around Sudbury, in his riding, to be of importance to him?

**Ms Doherty:** Yes, very important to him.

**Mr Christopherson:** Has he spent a lot of time over the years focusing on health issues?

**Ms Doherty:** Yes, I understand he has. He was involved in setting up the cancer treatment centre in Sudbury.

**Mr Christopherson:** And I think you have testified earlier that you were aware—not you, it was the previous witness; it is getting awfully late—that it was acknowledged that Shelley Martel was the lead person on this issue through a system that the three members have: whoever catches it first is expected to run with it and keep the other offices apprised.

**Ms Doherty:** Yes, and partly because she was Minister of Northern Development and this was a northern issue.

**Mr Christopherson:** And of course, health being so important, they would put the one who could be the most effective on the case.

**Ms Doherty:** Yes.

**Mr Christopherson:** Do you believe that Shelley was making what we have come to know as or know that you call the "doctors issue" a priority in dealing with home issues in the riding?

**Ms Doherty:** I understood that it was—yes, that she was working on this.

**Mr Christopherson:** It is interesting, the November 15th memo, exhibit 105, because hard as some of my colleagues from the opposition parties might try, they are still not able to get to square one with their great conspiracy theory. You see, if you have been following this, the great conspiracy theory goes like this: "The Premier's office"—something like this. It changes, but basically it is: "The you-know-what hits the fan. The Premier's office becomes



involved. They put together a coverup plan. All of that happened after December 5th, but what led up to December 5th was a major—another conspiracy by the Sudbury members to discredit Dr Donahue because he had been causing so much trouble.”

The interesting thing is that, as this opposition theory goes, all of this really starts to jell around the middle of the month. And the interesting thing about exhibit 105 is that, of course, being dated November 15, it falls smack dab in the middle of the month and right in the middle of the jelling part of the theory.

It also happens two days after exhibit 44, which is the infamous Teatero memo, which is the one that was pulled back by Dr MacMillan which contained some information that should not have been in there. It also contains some information that, if one were to believe it, might raise some serious questions in anyone’s mind and certainly would not leave you leading the charge to defend certain individuals in Sudbury.

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It is also interesting about this memo because it comes after you have met with Larry Corea. And as part of the conspiracy goes, he is the gatekeeper of the information and he is the one who divvies out all the info to all the little operatives up in Sudbury, who then do their duty to discredit and attack Dr Donahue. And you write this memo after exhibit 44 has been written, released and retrieved; in effect, out there. You have written it after you have met with Larry Corea, who is the gatekeeper to the information, as the conspiracy goes. Yet the first statement, the first line on the page after the part that Mr Harnick talked about is, “Donahue has not disclosed the full details of his practice,”—this is the interesting part, after the comma—“with a fuller discussion perhaps we could find a solution to this problem to help him stay in Sudbury.”

When I read that, that does not sound to me like someone who has a game plan that: “We’re going to go after this fellow and we’re going to do him in with this secret information that we’ve got that we shouldn’t have. Now we’re going to totally destroy him because he’s causing all this trouble.”

That sentence says—consistent with what I have heard you say about Floyd’s approach to health care and how he cares about his constituents and the fact that Shelley is the lead minister on this because of the fact that she is responsible for northern development. There is all this focus coming from these people because that is the way you operate. That is why we have members who have been there for an awful long time. And it says that at this point, November 15, after you have met with Larry Corea, there is still a very strong desire to not only find a solution, a political solution, but that it would help him, Dr Donahue, stay in Sudbury.

I want to ask you very directly, Nuala, were you involved in the conspiracy?

**Ms Doherty:** No.

**Mr Christopherson:** Did you have confidential information that was given to you from Larry Corea or any-

where else that you were using in concert with the other ridings up there to discredit Dr Donahue?

**Ms Doherty:** No.

**Mr Christopherson:** Were you attempting, on behalf of your member and with the other offices, to try to find a solution that would keep Dr Donahue there so that you could meet the needs that he expressed and that you were hearing from your constituents?

**Ms Doherty:** Yes.

**Mr Christopherson:** Chair, I would submit to you that those answers are consistent with the kind of facts that have come out in this case, and that all the other things we have been hearing are totally unsubstantiated. At the end of the day, I think that is what has been proven. Thank you.

**The Chair:** Are there any further questions? Mr Conway.

**Mr Conway:** Thank you very much, Mr Chairman. Ms Doherty, let me thank you first of all for, I think, some very excellent testimony. You have been extremely forthcoming, very patient, very tolerant, and I want to thank you for that. I also want to say I have sat through a lot of testimony from a number of people including a number of political staffers and I will say this, that you have been the most direct, the most mindful. You have remembered infinitely more than a lot of your colleagues, and I have been very impressed by that. I am thinking of your testimony particularly in relation to Ms Colley and Mr Corea. I mean, they could not seem to remember very much about anything, particularly at critical junctures.

You have been, I think, extremely impressive in terms of what you have remembered. From my point of view, I have been very impressed the way in which you have recalled that and presented it. I find you extremely credible on that count and I just want to say that, because I think at the end of this day, a long day, it ought to be said. This day started with another political staffer who had some constituency responsibilities for another minister and she seemed to be less focused, from my point of view, than you have been in this regard.

I just have a very few questions actually. I do not share some of the views of the member for Willowdale, who took you through a fairly detailed examination. And what do I say about my Clarence Darrow friend from Hamilton? I want to just ask you about something you said that I thought was interesting. In that elevator meeting on November 14, I think it was, you said you did not know Shelley Martel very well. You had met her perhaps once or twice before?

**Ms Doherty:** I met her once before.

**Mr Conway:** But Ian knew her quite well.

**Ms Doherty:** Yes.

**Mr Conway:** Or better than—

**Ms Doherty:** He knows her because he works in Chelmsford.

**Mr Conway:** Tell me a little bit about this fellow Ian Wood. I mean, just what do you know about him? I do not know him at all, but what—I ask the question because I am going to lead quickly into a point around exhibit 105.



**Ms Doherty:** What exactly would you like to know about Ian?

**Mr Conway:** Well, what do you know about Ian Wood's background? Was he a university professor? I know Mr Laughren has a Mr Simon. I think he used to teach up at—

**Ms Doherty:** Simon Rosenblum.

**Mr Conway:** He was an academic at Laurentian, was he not?

**Ms Doherty:** Laurentian, yes.

**Mr Conway:** I do not know this fellow Ian Wood at all. Was he an academic someplace? Was he a political activist? Was he a—

**Ms Doherty:** I know he goes—I believe he goes to Laurentian University now part-time. He has a wife and two children.

**Mr Conway:** What is his background? Do you know? Is he a—

Interjection.

**The Chair:** Order, please.

**Mr Conway:** What did he do before he joined the staff of the minister of finance?

**Ms Doherty:** I believe he worked in some kind of painting store.

**Mr Conway:** The reason I ask the question is that I am looking at exhibit 105 and I hear what you said about what is now the delicate part of this exhibit, I think, and that is, "He"—meaning Donahue—"wants taxpayers to support his entrepreneurial greed." I was struck by what you said about how you felt about that. I can understand how at first cut it came to be in this memo. Obviously I believe you about the fact that you wanted it out for the reasons you gave. This guy Ian Wood did not listen to you.

**Ms Doherty:** Mm-hmm.

**Mr Conway:** That just struck me as interesting because I think prudence would be on your side, but I understand how sometimes, in the heat of the moment, prudence does not always win the argument. But you have indicated that you did not want it there in the briefing note but Ian did, and Ian then just strikes me as more hawkish, obviously, than you are.

**Ms Doherty:** I do not know whether he particularly wanted it there, or maybe he was mindful of the time and wanted to get something to Floyd quickly. I do not know.

**Mr Conway:** But I understood your testimony to suggest that once you got a look at the hard copy of this, you said—my words, not yours—"That shouldn't be there; let's take it out," and Ian walked over to the fax and just zapped it off to the riding office.

**Ms Doherty:** Well, I have experience in a legal clinic and I know that it is better to be late or not to send something rather than to send something that is wrong.

**Mr Conway:** No, I am impressed by that. I think you showed good judgement, but I fairly remember your testimony earlier in response to Mr Taman, the committee counsel, that had you had your way it would have come out of the draft but Ian was not willing to do it. He took it over to the fax and shot it up.

**Ms Doherty:** Yes.

**Mr Conway:** The other question I have is that it must be fascinating working for the Treasurer. I know your employer, if I can use that word. He is a very impressive fellow. Some of the testimony that you gave around the meeting with those two officials at the Ministry of Health—I cannot remember their names, but the two doctors, Brunet and the other chap.

**Ms Doherty:** Tariq Asmi.

**Mr Conway:** Would I be right in thinking that as this Donahue controversy unfolded into mid and late November, did the Treasurer at any point raise with you concerns around the agreement, the framework agreement, that this might have not just quite been the agreement he thought it was?

**Ms Doherty:** No, he did not.

**Mr Conway:** That there was no question raised in any conversation you had with him that this test case that was referred to by one or both of those physicians, Brunet or the other fellow, might in fact relate back to the framework agreement and that in fact the case in Sudbury, where there was resistance—and I think I fairly recall some of the earlier testimony that Sudbury was one of the few places, if the only place, in the province where the medical society had rejected the framework agreement.

**Ms Doherty:** That is right.

**Mr Conway:** And you knew that.

**Ms Doherty:** Yes.

**Mr Conway:** This Donahue case might be important for another reason, that this might be a case to test some of the fundamentals in the agreement.

**Ms Doherty:** Yes.

**Mr Conway:** Did that ever come up in conversations you had—

**Ms Doherty:** I do not know what you mean by "the fundamentals." I think the question was whether the policy of no exemptions would actually work in an underserved area such as the north.

**Mr Conway:** I was struck by the evidence that you advanced in relation to what those two officials at the ministry said. There are those who would, I think, look at that agreement—the framework agreement—and see it as a very significant achievement with consequences that I suspect many in the province are yet to fully understand. We have heard some testimony that—and I forget who it was. It might have even been Ms Martel who indicated a certain frustration that Jack Hollingsworth was complaining about an agreement he had voted against but did not seem to understand. I think I am fairly accurate in recalling that testimony of—I think it was yesterday.

The interest I have—and I put the question again in a slightly different way: This framework agreement in which I would have to believe the Treasurer, as minister of finance, quite apart from being member for Nickel Belt, Willowdale or Hamilton Centre—the Treasurer would have a very real interest in that agreement because it is dealing with, among other things, not just the provision of health care but an



effort to contain some of the most significant expenditures within the purview of the province of Ontario.

Again, I just wondered whether or not there had been any thought in your mind that when those two officials, or one of those officials in the ministry, raised the possibility about this being a test case, that had been commented upon in a related way by the minister of finance, the member for Nickel Belt; that in fact he might be heading into a situation in Sudbury where some of the more exciting possibilities of the framework agreement were about to be played out, as it happened, in first instance in his own community.

**Ms Doherty:** Did he make comments?

**Mr Conway:** Mm-hmm.

**Ms Doherty:** No.

**Mr Conway:** Thank you.

**The Chair:** Thank you. Seeing there are no further questions, I would just like to indicate to members of the committee that Mr Taman has a few questions he would like to ask Ms Doherty. I have now been advised that they would like to be pursued in an in camera session. As such, we will be moving from this into an in camera session and we will take a recess of five minutes.

The committee continued in closed session at 2244.

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**Chair / Président(e):** Offer, Steven (Mississauga North/-Nord L)

**Vice-Chair / Vice-Président(e):** Miclash, Frank (Kenora L)

Bisson, Gilles (Cochrane South/-Sud NDP)

Christopherson, David (Hamilton Centre NDP)

Conway, Sean G. (Renfrew North/-Nord L)

Eves, Ernie L. (Parry Sound PC)

Harnick, Charles (Willowdale PC)

Hope, Randy R. (Chatham-Kent NDP)

Mills, Gordon (Durham East/-Est NDP)

Murdock, Sharon (Sudbury NDP)

Owens, Stephen (Scarborough Centre NDP)

Scott, Ian G. (St George-St David L)

**Substitution(s) / Membre(s) remplaçant(s):**

Cunningham, Dianne (London North PC) for Mr Eves

Elston, Murray J. (Bruce L) for Mr Scott

Kormos Peter (Welland-Thorold ND) for Ms S. Murdock

Wood, Len (Cochrane North ND) for Mr Bisson

**Also taking part / Autres participants et participantes:**

Campbell, Charles, counsel, Iler, Campbell

**Clerk / Greffier:** Arnott, Douglas

**Staff / Personnel:** Taman, Larry, Committee Counsel

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